O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers rags's Lond should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 20 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

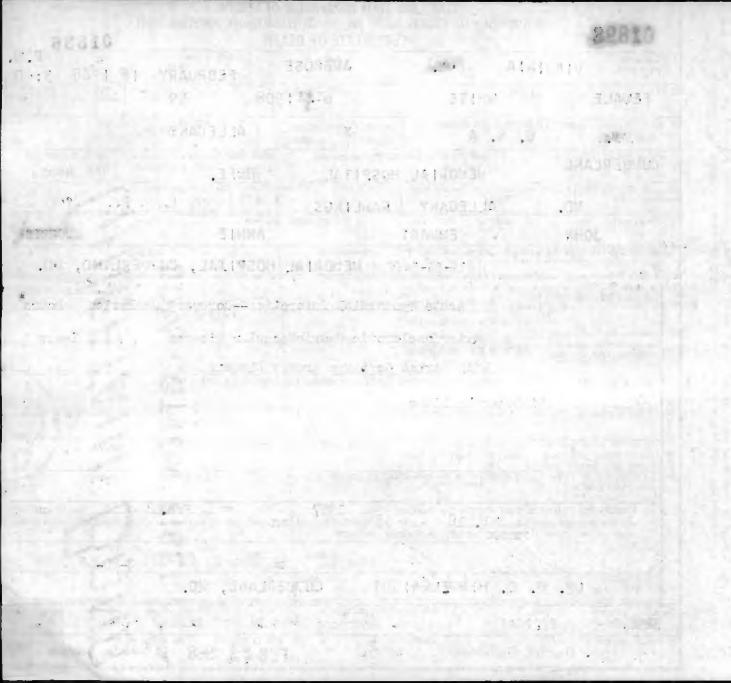
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH	
LAURA	AMBROSE	20. DATE OF DEATH

01886 126. ROUM,

	Type or print) VIRG	INIA LAÜ	RA	AMBROSE	FEBRU	JARY PR	3 1988		40
3. 5	EX FEMALE	4. RACE WHITE		S. DATE OF 28 1 908	6	AGE (In years ias) Gthday) YRS.	MONTHS DA		24 HRS. MIN.
7a.	BIRTHPLACE (State or foreign intry) W. Va.	75. CITIZEN OF WHAT COUNTR	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	S. COUNTY OF DE				Md
	CUMBERLAND	give street gddre		ITAL during ma		ind af work dane , even if retired.)	126. KIND INDUSTRY	of Business home	OR
	USUAL RESIDENCE (Where decease nission) STATE MD	13b. COUNTALLEGA	ANY RAW	INGS YES NO	□ Alon	T AND NUMBER g [1. S.]	Rt. #	220	
	FATHER'S NAME First JOHN	Middle T. EN	MMART		NN I E	Middle		NORR1	15
160	yes po, ar unknown) (If yes give w	1 1 1		MEMORIAL HO	SPITAL	Address CUMBE			
	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	n DV.		ial Infarction		03	DETWEE	POXIMATE INTERV. EN ONSET AND DE	EATH
	Canditians, it any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) arter DUE TO, OR AS A CONSE (c) With M	QUENCE OF rioscleroti QUENCE OF <u>(arked Coro</u>	c CadrioVascu	lar Dise	286		Years	
NOI		Diebetes Mell CONDITION FOR WHICH OPERAT	itus	20g. AUTOPSY?		S. WERE FINDINGS (CONSIDERED IN	N CERTIFYING	
THE	7.2.	CONDITION ON WINCH OF EACH	1011 1710 1 657 0 17169	YES NO	CAUSES O				
MEDICAL CEI	21a. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth	Day Year	OW INJURY OCCURRED (Enter		n Part 1 ar Part 2,	Item 18.)		
ME	While Not while at work			OCATION Street ar R.F.D. No.			County		tate
	22a. I certify that (I) (the saw the deceased a causes stated abave	is haspital) attended the live an Feb. 18 c. (1) (crestain) (did nat)	e deceased fram_ 19_68, an view the bady after	d that in (my) (accaping	, ta nian death acc	Feb., 19 urred on the de	68_, thate and had	at (I) (36 6 ur and fra	e) las m th
	22b. SIGNATURE	Mallen	DEG!	REE PHYS.	RECTOR L	STAFF 2	-20-68		
	22d. PHYSICIAN'S NAME (Type) DR.	G. O. HIMME	LWRIGHT	220 CUMBERL	AND, M).			
		DATE /21/68 23c.	NAME OF CEMETERY OR Lestlawn Men	norial Gardens		land, A		(State)	
24.	FUNERAL DIRECTOR H. Wayne Geo.	rge Cumberlan	d, Marylano	DATE B	2 3 196	25b. REGISTRAR'S	S SIGNATURE	agin.	r



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01897		CEI	RTIFICATE OF	DEATH			0188	7
	CEASED-NAME - First		Middle	Last		DATE OF DEATH	Doy	Yegr	26. НОИЯ
7.	Will	Liam	David	Ander	son 1	Feb.		1968	5:30 M
3. SE	X	4. RACE		S. DATE OF B		6. AGE (In	years	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	Male	White		June	5, 1888	17	YRS	CHING CHINGS	, HOOK) MIN
	tent	7b. CITIZEN OF WHAT	COUNTRY? 8.	MARRIED NEVER MAI	RRIED 9. CO	UNTY OF DEATH			
caun	Maryland	USA	V	VIDOWED 🔯 DIVO	RCED 🗌 📗	Allegany			Md
	ity or town of death		OF HOSPITAL OR INSTITU et address)	JTION (If not in hospital		CUPATION (Kind of wo working life, even if Ced Miner		12b. KIND OF I INDUSTRY	BUSINESS OR Coal
	USUAL RESIDENCE (Where deceased ssion) STATE Md.	13b COUNTY	Residence before 13	c city or town	13d, INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NU	MBER		
14. F	ATHER'S NAME First	Middle	Lost	1s. MOTHER'S M	AIDEN NAME First		Middle	-	Last
	James		Anderson		Eli	izabeth	Hoba	ugh	
	WAS DECEASED EVER IN U.S. ARME		b. SOCIAL SECURITY NO.	17. INFORMANT				aughte	
Y	es, no, or un volve) (If yes give wor	or dotes of service) 2	35-38-946	7 Mrs. Ca	therine (Freen, Cur	nberl	and, Md	•
	18. CAUSE OF DEATH (Enter only	ane cause per line f	ar (a), (b), and (c),)	(- ^	0				AATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED	BY:	100	andre !	Dock	remed		DESTRUCTION OF	
	4/1,9 IMMEDIAN	E CAUSE (a)	CONSEQUENCE OF	0	1.5				
	Conditions, if any, which gove		QUALLE UP	me Sur		0-16-1		ye	ars
	rise to immediate cause (a),	DIE TO OP AS A	CONSEQUENCE OF	and and		and a		0	
	stating the underlying cause	(1)	2 MONEY	1180 (6	, lours	501015	21	Use	ans
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	S TO DEATH BUT NOT I	RELATED TO THE TERMINA	L DISEASE OR CONDIT	TION GIVEN IN PART 1/	n)	4	
	4901	THORA CONTINUOUS	9 19 90 M	TEDITED TO THE TERRITOR	C DISCUSE ON THE COLUMN		-/		
TION	19a, DATE OF OPERATION 19b. CO	ONDITION FOR WHICH	OPERATION WAS PERFO	RMED 20a. AUTO	DPSY?	20b. IF YES, WERE F	INDINGS CO	NSIDERED IN CE	RTIFYING
CERTIFICATION				YES [] NO 🗆	CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	E the state of the		21c. HOW INJURY OC	CURRED (Enter natu	re of injury in Part 1 o	or Part 2, It	em 18.)	
MEDICAL	(If either, natify medical examine	er) P.M.	Month Day Year 19						
ME			HOME, FARM, STREET, FACTORY FICE BUILDING, ETC.	21f. LOCATION Stre	et ar R.F.D. Na.	City or Town	,	County	State
	22a. I certify that (I) (this saw the deceased alicauses stated above,	haspital) attend ve an(i) (we) (did) (di	led the deceased 19 (d pott view the bac	fram 2, and that in (n dy after death.	y) (aur) apinian	death accurred a	1_, 19_ n the dat	e and haur o	(I) (we) last and fram the
	22b. SIGNATURE	mile	Shi	VEGRIE ATTENDI	NG MED.	OR STAFF C		ATE SIGNED	68
-	22d. PHYSICIAN'S NAME (Type) Dr. I	Leslie R.	Miles, M	I.D. Sta		Lonaconin	g, Md		
23a.	BURIAL, CREMATION, 23b. DA	ATE 5,1968		Hill Ceme		. LOCATION (City or To organtown	,	(County)	(State)
24.	funeral director James F. Scarp	pelli, Cu	imberland		25a. RECO BY REG	615 BAR 1963 b. RE	GISTRARS	SIGNATURE	1

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after VR A15 (4) 30M REV, 1/68

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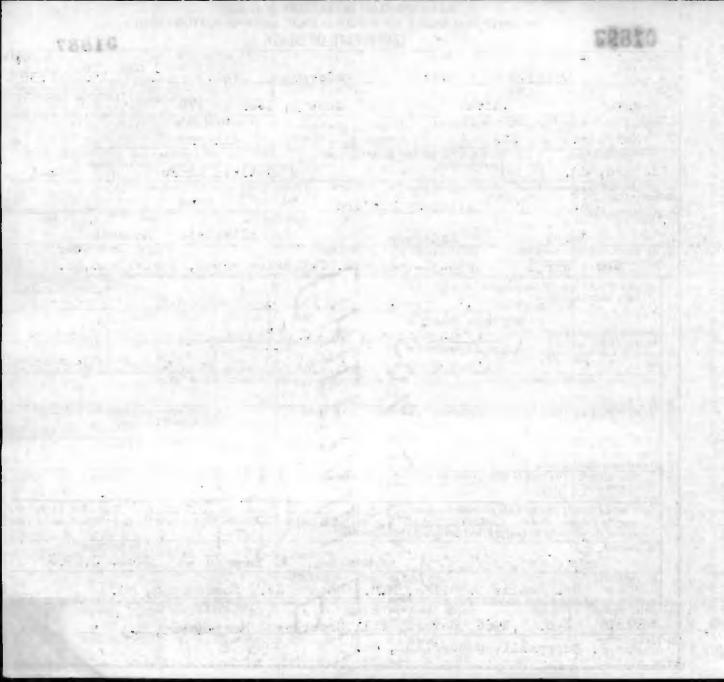
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death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hawrs

Page 4 may be retained by the hospital or attending physician.



"pending"

necessory, please execute the certificate, writing the word SICAL EXAMINER:

TO DEPUT

1. [ECEASED-NAME	First	WEDIC	AL EXAM	INER'S		ost	טר אנ	AIN	2o. DATE	KNUM/N COL	Month	018 Doy	Year	Jak Hou
	Type or Print)									10	ESTI-	Feb.		1968	12:30
3. 5	EX	EMMA 4. RACE	5. DATE OF BIR	BLANCHI	6. AGE (In years	BEE IF UNDER T		IF UNDER	24 HRS.		MATED		/	1700	24 मुठ्य
-	FEMALE	WHITE		0 1884	(Blasinhdey)	SHTNOM	DAYS	HOURS	MIN.	Febr		Day 9	Yeo	1968	1:3 A
	BIRTHPLACE (State	e or foreign 7b	CITIZEN OF WH.	AT COUNTRY?		ARRIED NE		RIED [9. CO U	ALLEC					1
10.	CUMBERI			WE OF HOSPITA		ON (If not in h IG HOME		12a, L during	SUAL OC most o	CUPATION (f working li	Kind of wo	rk done		OF BUS	
130	USUAL RESIDEN Idmission) STATI	CE (Where deceased MARYLAND	lived, if institu 13b. COUNTYAL	tian: Residence LEGANY	before 13c. CII	Y OR TOWN		YES X			AND NUM		STRE	EET	
14.	father's name SI	fust IMMERFIEL	Middle D	HINKL	Lost E	15. MOTHE	R'S MAID	EN NAME	First RHO	DA	Mic	ldle Tv	OLFO	las)RD	•
	WAS DECEASED E	VER IN U.S. ARMED FO vn)	RCES? r or dates of service)	166. SOCIAL SEC NONE		17. INFORMAN MR. JC		BEEGI	E 12	209 BI	ADDRES EDFOR		CUME	BERLA	ND M
	IB. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS												BET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTHS	
	Conditions, if any, which gave isse to immediate couse (a), (b) ARTERIOSCIEROTIC CARDIOVASCULAR										4		•		
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DISEASE															
	PART 2. OTHER	SIGNIFICANT CONDITI			UT NOT RELATE	D TO THE TERM	AINAL DIS	SEASE OR	CONDITIO	N GIVEN IN	PART 1(a)				
CERTIFICATION	Fracture of ribs. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?											20. AUTOPSY?			
MEDICAL CER											tem 18.)				
21d. INJURY OCCURRED 21e. PLACE Of INJURY (At home, form, street, while Not while AT WORK AT WOR									County State Alleg. Md.						

Natural couses Accident X

SKITARELIC, M.D.

CHIEF MEDICAL EXAMINER

尚 ADDRESS(Street, city, tawn, or county)

22b. DATE SIGNED 1968 February

BURIAL, CREMATION, REMOVAL (Specify) BURTAL

ACTUAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

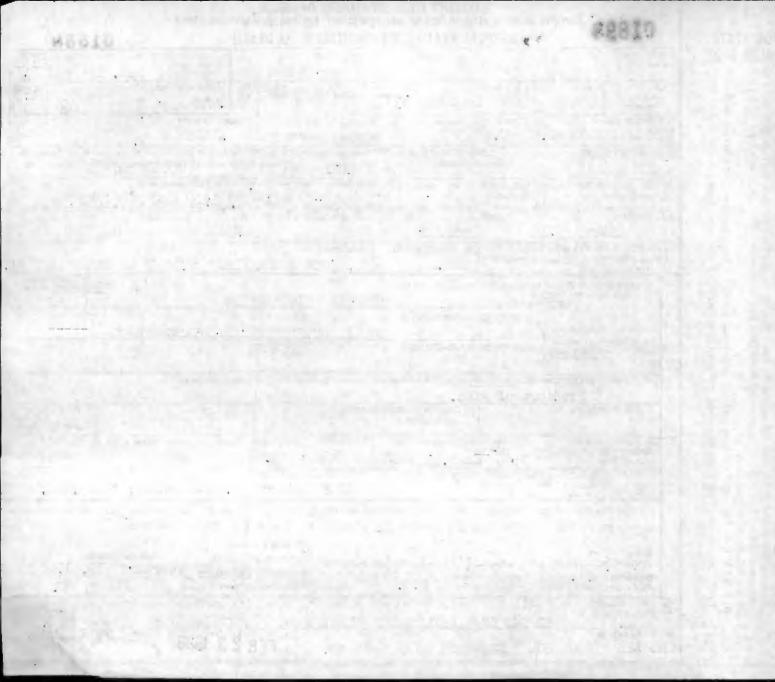
(County) (State)

FUNERAL DIRECTOR

ADDRESS LEE SILCOX 404 DECATUR ST CUMBERLAND MD. 25g. RECD BY REGISTRAR 1968 25b.

VR A15ME [5] 10M REV. 1/68

Health



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01899 CERTIFICATE OF DEATH 01889 1. DECEASED-NAME First Middle 2g. DATE OF DEATH CN death. law requires that the death certificate be executed within 24 haurs after death (Type or print) neral FOSTER BINGMAN FEBRUARY 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years MONTHS DAYS Pages MALE WHITE 1-30-1921 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED Y NEVER MARRIED country) physician and campletely filled in PENNA. U. S. A. WIDOWED DIVORCED ALLEGANY please remave carban paper I, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

[A] Kelly Springfield give street address) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before / 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY BEDFORD HYNDMAN YES IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost GILLUM JESSE BINGMAN MALISSA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 190-16-2050EMORIAL ar remayal, HOSPITAL, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. Acute Pulmonary Edema hrs crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Canditians, if any, which gove ! Auricular Fibrillation and Chronic Failure rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause Rheumatic Valuular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) thas been sused as the bear of the prior table Coronary Artery Disease, myocardial insufficiency attending 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NOX. Health Page 4 may be retained by the hospital ar 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year af (If either, natify medical examiner) detached AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street of R.F.D. No. with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Not while at wark and that in (my) (aur) apinion death occurred on the date and hour and from the should causes stated above, (1) (we) (did) (did not) view the body after deoth 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE director, page shauld be filed PHYS. DIRECTOR 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) DR WILLIAM CHMBERLAND, MD. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 1968 Madley Cemetery Buffalo Mills. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) H. Zeigler, Hyndman 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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ELECTION OF VERNESSA CAMPBELL E PETEON DE PETEON

1201-08-1 371rW

PENNA. W. S. A. .

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1 DECEASED_NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01890 20 DATE OF DEATH

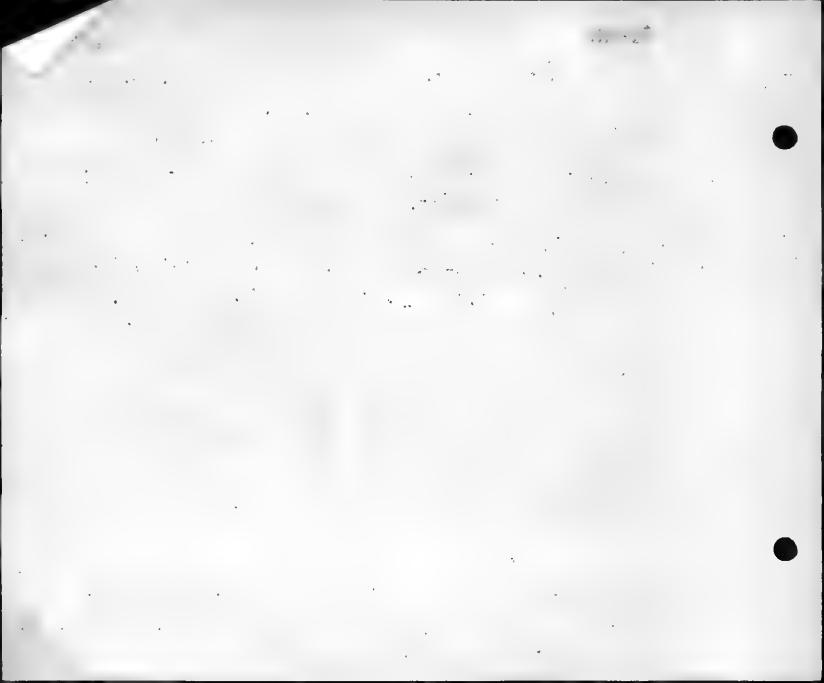
	I ma as noight	Hillians		EGSI	20. DAIL VI		V	ZD. NOUK
1	JOHN	V A.	1	BOLT		Month 21s	t. 1968	M
3. SE	EX	4. RACE	S	DATE OF BIRTH		6. AGE (In years	IF UNDER 7 YEAR	IF UNDER 24 HRS.
	MALE	WHITE	1	SEPT. 5th, 1	917	lost birthday) 50 YRS.	MONTHS QAYS	HOURS Min.
	BIRTHPLACE (State or foreign 75 ntry)	CITIZEN OF WHAT COUNTRY?			9. COUNTY OF	DEATH		
(00.	MARYLAND	USA	WIDOWED [Als	LEGANY		Md.
10. (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	T TUTION (If not			(Kind of work done	125 KIND OF	BUSINESS OR
	FROSTBURG	give street address) MINERS HO	SPITAL	FCOD"	COUNCE	ior d'iet	INDHEUS P	ITAL
	SIAL PESIDENCE (Where decement	Lund of institution Pos dence before	13c CITY OR TO		100101	REET AND NUMBER		
OUN	ISSIGN) STATE MARYLAND	13b COUNTY ALTEGANY	ECKHA	RT YES NO				
14. 1	FATHER'S NAME First	Middle Last	15. 8	MOTHER'S MAIDEN NAME Fir	rst	Middle		Last
	MALLIIW	J. BOLT			LHELMI	NA	- GRO	ETER
16a.	WAS DECEASED EVER IN U.S. ARMED (es, no, or unknown) (III yes give war or	or dates of conure)		ORMANT	-075	Address	3.00	
	YES W W	2 217-10-120	19 MF	S. OLIVE R.	BOLIT,	ECKHART,	MD.	
		ane cause per line; for (a), (b), and (c).		Y	1			MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSED B IMMEDIATE	CAUSE (a) // CAUSE (a)	ne. (,)	re brook 6	111.77	cithan	L 2 13	68
		DUE TO, OR AS A CONSEQUENCE OF				1		
	Conditions, if any, which gove	(b)				V		
	rise to immediate cause (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF						
	las†	(c)						
	PART 2 OTHER S GNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(a)		
N. N.								
CERTIFICATION	190 DATE OF OPERATION 19b. COM	NDITION FOR WHICH OPERATION WAS PER	REDRIMED	20a. AUTOPSY?		YES, WERE FINDINGS (CONSIDERED IN C	ERTIFYING
RTIFI				AEZ NO 🔀				
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW	INJURY OCCURRED (Enter	nature of injur	ry in Part 1 or Part 2,	Item 18.)	
MEDICAL	(If either, notify medical examiner)) P.M 19						
3	21d INJURY OCCURRED 21e. PL/	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC.	TORY,) 21f. LOCA	ITION Street or R.F.D. No.	City	ar Tawn	County	Stote
	at work at work							
	22a I certify that (I) (this-	hospital) attended the decease	d fram	2-18,196	, to	2-1-1,19	6_6, that	(I) (we) last
	saw the deceased alive	e an 2 · 2 / (I) (we) (did) (did not) view the l	9년 전, and 1 hady ofter de	that in (my) (e u r) apin	nan death a	accurred on the d	ate and hour	and from the
	22b. SIGNATURE	i) (we) (uiu) (ura noi) view iiio i	Jour aller de			220	DATE SIGNED	
	74-	X:117	DEGREE	ATTENDING ME	ED. RECTOR	22 472	22.3	68.
	22d. PHYSICIAN'S	Markey 1111	1	22e. ADDRESS				601
	NAME (Type) H. C.	. DIEHL,	M.D.	39 W, MAIN	V ST.,	FROSTBURG,	, MD.	
230.	BURIAL CREMATION, 236 DAT	TE 23c NAME OF	CEMETERY OR CR			DN (City or Town)	(County)	(State)
	REMOVAL (Specify)	-24-68 ST. MI	CHARLIS	CEMETERY	FROS?	TBURG. A	ILEGANY.	MD.
24.	FUNERAL DIRECTOR	ADDRESS		25a. REC D BY	Y REGISTRAR	256 REGISTRAR		-9%
	JOSEPH R. DURST	C. CD FROSTR	URG. MO	. l++b	26 18	100	100	2

director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages of and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death (TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. VR A15 (4)* 30M REV 1/68

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er death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.



		[DIVISION OF	VITAL RECORDS,	301 W.	PRESTON ST	REET, BALT	IMORE	E, MARYLAND 2120	1		
	3198			(CERTIF	ICATE OF	DEATH			4	2189	1
	CEASED-NAME	First		Middle		Lost			DATE OF DEATH			2b. HOUR_
(1	(ype or print)	Daisy	•	Mae		Brant			Feb. Month 7	Day 9	968Year	11:45
3. SE			4. RACE			S. DATE OF E			6 AGE (In years		F JNDER 1 YEAR	IE UNDER 24 HRS
	Female			White		Aug	3, 18	97	last burtaday)	rs. M	ONTHS CAYS	HOURS MIN
70 E	BIRTHPLACE (State		b. CITIZEN OF WI		8 MARRI	ED 🔲 NEVER MA	RRIED		NTY OF DEATH			
caun	Mary Mary	land		.A.	WIDOW	ED 🔀 ĐịVO	RCED	4	Allegany			Md
	TITY OR TOWN OF Cumberla			AME OF HOSPITAL OR INS		finat in hospital Retreat			PATION (Kind of work do		125 KIND OF INDUSTRY WITH	BUSINESS OR
			Eved if institut	ion Residence before		OR TOWN	13d. IMSIDE CITY L		13e STREET AND NUMBER		04011 1	10mc
admi	issian) STATE	Maryland	13b COUNTY	Allegany		berland	-		208 Gran		venue	
14 1	FATHER S NAME	Eirst	Middle	tost		IS. MOTHERS A			Middle	8		Lost
		James		Boxel			_	lice			Hami	
1 6 0. Y	WAS DECEASED EN es, no, or unknown 11 O	/ER IN E.S. ARMEI		16b. SOCIAL SECURITY I	NO 1	7 INFORMANT Mrs. Ra	ymond	swa	ch, Cumber	s Land	d,Md.	aughter
*	PART I. DEA Conditions, if one rise to immedio stating the undilest	TH WAS CAUSED I IMMEDIATE y, which gove) te couse (a), (CAUSE (a) DUE TO, OR A	ne for (o), (b), ond (c) IS A CONSEQUENCE OF AS A CONSEQUENCE OF	100	alze	10	-0Y	vach	~	4 m	DASET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO NO CAUSES OF DEATH?											ERTIFYING
ERTI	21a ACCIDENT W	TAS TINDEDI VING	21b. TIME OF	INDIDV	Ini-	_	4		of injury in Port 1 or Par	. 7. 14.	10)	
MEDICAL C	OR CONTRIBUTING	CAUSE OF CEATH	HOUR A.M.	Manth Day Year	,	. HUW INJUKT OU	LUKKED (EN16	r moture	of injury in Port 1 or Por	T Z, ITer	m 18.)	
	21d INJURY OCC While Not w of wark of we	11 0	ACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BURGING, ETC.	JORY.) 21f	LOCATION Stre	et ar R.F.D. No		City ar Town		County	State
-	saw the	deceased aliv	e an	ended the decease (did nat) view the	9/2/	and that in (h	, 19 <u>/</u> 1y) (aur) api	7_, inian d	ta	19 <u>C</u> e date	and have	(I) (we) last and from the
	22b SIGNATURE	ze M	1.1	more	01	EGREE PHYS	NG A	MED IRECTOR	STAFF -	22c. DA1	TE SIGNED	
	-22d* PHYS CIAN'S NAME (Type)	Georg	e M. Si	mons, M.D.		22e AD	ORESS"	~~	al Hozin	المبدا	Cin	I,M
230	BURIAL, CREMAT C REMOVAL (Specify		TE . 10,1	23c. NAME OF 968 Hill		or crematory t ^b uria	l Park	1	Cumberland		(County)	(State)
24.	FUNERAT DIRECTOR	F. Sca	rpelli	, Cum beri	and,	Md.	2Sa_REC'D B	Y REGIS	TRAR 256 REGISTR	AR S SIG		

VR A15 [4] 30M REV. 1/98

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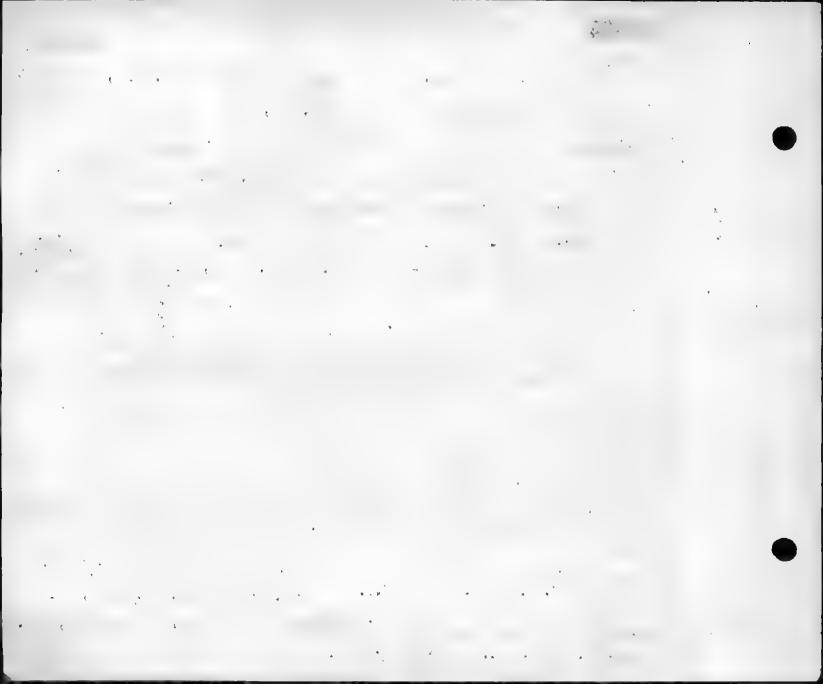
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DATE

Joseph R. Durst, Sr.,

30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01594 26, HOUR A DECEASED-NAME Middle Last 2a. DATE OF DEATH and campletely filled in by the funeral remave carbon papers. Pages 1 and 2 in any event, within 72 hours after death. (Type or print) RAYVOND Η. BURKE FEBRUARY ¹2^y. 1968 S. DATE OF BIRTH 6. AGE (In years 1F LINDER 1 YEAR 3. SEX 4 RACE O Glast Shithday) MALE WHITE FEBRUARY the Leath certificate be executed within 24 haurs aft 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 8 MARRIED NEVER MARRIED country) ALLEGANY CUMBERLAND, MD. DIVORCED [WIDOWED U.S.A. 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH LL NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) rive street address) INDUSTRY please remave carbon CUMBERLAND. MD. 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 135 MULLEN ST. CITY EGANY and in any 14 FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME First First Last HUGH BURKE HELEN HANDLE 16b. SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no. or unknown) MEMORIAL HOSPITAL. CUMBERLAND. MD. remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) **burial-transit** requires that rise to immediate couse (a). py DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 O FUNERAL DIRECTOR: After this certificate has been Ħ 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Fee OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) / AT HOME, FARM, STREET FACTORY, \ 215, LOCATION 21d INJURY OCCURRED 23e, PLACE OF INJURY City or Town Street or R.E.D. No. County White Not while at work 22a. I certify that (I) (this haspital) attenged the deceased fram ____/ 167 .. 19 and that in (my) (our apinian death occurred an the date and hour and from the saw the deceased alive an_ shauld be retained couses stated above, (1) (we) (did) (did not) view the body after death. SIGNATU 22c. DATE ATTENDING DIRECTOR Page 4 may h 22e. ADDRESS 22 928 PHYSIC A DR. R.J. WILLIAMS ST..CUMBERLAND, MD NAME (Type) directar, 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, Burial (Specify) 2/5/68 Davis Memorial Cemetery. Cumberland . Allegany . 2Sa. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 DATE FEB 30M REV. 1768 Philip B. Wendt 121 Memorial Ave. Cumb., Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01895 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 26. НОЦВ (Type or print) 68 HERBERT CHANDLER 5. DATE OF BIRTH IF UNDER I YEAR 4. RACE 6. AGE (In years last birthday) MONTHS DAYS WHITE 8-9-93 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State at fareign MARRIED NEVER MARRIED PENNSYLVANIA ALL EGANY U.S.A. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USGA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street adpression R during most of working life, even if retired) HOSPITAL CUMBERLAND 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES Y GREENE ST. IS MOTHERS MAIDEN NAME First 14 FATHER'S NAME Last SMITH ELLA GEORGE CHANDLER 16g. WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown? CUMBERLAND, MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Canditions, if any, which gave } rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO A YES [21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED While Nat while at work of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No State County City or Town 220. I certify that (I) (this hospital) attended the deceased from 12 fam., 19 68, to 19 68, that (I) (we) lost sow the deceased alive on 10 Fine 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR 12 Fet 68 DEGREE PHYS 220. ADDRESS CUMBERLAND, MD. 22 HYSICIAN'S JAMES STEGMATER NAME (Type)

the ottending passit permit. The burial, cremotion, signed by the buriol-transit p the O FUNERAL DIRECTOR: After this certificate has been 05 ed for use of Health p be retoined by the hospitol or be detoched State Dept. of 3 should ! with the S director, page should be filed Poge 4 may t

requimm that the dilath certificate be executed within 24 hours after dilath

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physician and completely filled en please remave carbon pepe

3. SEX

MALE

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VR A15 (4) 30M REV, 1/68

REDOYAL GREETY Feb. 14, 1968 Scarpelli, Cumberland, Md. 24. FUNERAL DIRECTOR F.

23a. BURIAL, CREMATION,

23b DATE

23c NAME OF CEMETERY OR CREMATORY Sunset Lemorial Park

23d LOCATION (City or Town)

(County) (State)

Cumberland, Alle -anv. Ad 250 RECD BY REGISTRAR 1968Sb REGENTARS SIGNALIRE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01906				CERTIF	ICATE OF	DEATH				0189	86
	EASED-NAME pe or print)	First		Middle		Lost			TE OF DEATH Month	12 Doy	Year	2b. HOUR
		Mar		Angela		Cifala		Fe			1968	6:20 ^A N
SEX F	Female		4 RACE Wh	ite		Dec.	13, 19	05	6. AGE (In	yeors lay) A YRS.	ONTHS DAYS	HOURS MAN
a Bl count	RTHPLACE (State or form) Italy	oreign 7	b citizen of wh USA		WIDOW	ا ا	RRIED 🗌		y of DEATH Allegany	7		Md
i0 C11	or town of DEAT Cumberl		11. N	AME OF HOSPITAL OR IN: treet address) LOL:	STITUTION (L Laf	ifnor in hospital	during H		ATION (Kind of working life, even if will to		12b KIND OF INDUSTRY H	
	CTATE CHAIR	ere deceosed rvlan	THE COUNTY	on: Residence before Allegany		or town perland	AEZ X N		se street and nu 1011 Lai		te Ave	•
]4 FA		onald	Middle Ballar						Blasio.	Middle Li		Last
16a, 1 Ye	WAS DECEASED EVER s, no, or unknown)	N US. ARME (If yes give wor	or dates of service)	16b SOCIAL SECURITY		ninformant ir. Lac	у В. С	ifal	a, Cumbs	ddress Erland		
	1B. CAUSE OF DEATH PART I. DEATH V			ne for (a), (b), ond (c). Adeno-Ca		color					BETWEEN OF	USET AND DEATH
	Conditions, if any, whise to immediate costating the underlying the underlying the control of th	ng cause	(b)	S A CONSEQUENCE OF	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART 1	0)		
NO.	DAYE OF OPERATION	ON 196. CC		ICH OPERATION WAS PE		20g AUT	OPSY?	2	Ob. IF YES, WERE F AUSES OF DEATH?		NSIDERED IN CE	RTIFYING
3	210 ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING TAUSE OF DEATH	HOUR A.M.	INJURY Month Day Year					f injury in Port 1 c	or Port 2, Ite	em 1B.)	
	21d. N.JRY OCCURRI While Not while	ED 21e. P	LACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f				City or Town		County	State
	22a. I certify the saw the dec couses state	at (I) (this ceased alived abave,	haspital) atte ve on (I) (we) (did)	ended the decease	ed fram 9 <u>68</u> body afti	and that in (rer death.	22 , 19 : ny) (our) op	20_, to inian de	ath accurred o	, 19 n the dote	oo , that ond hour ((I) (we) las and from the
	22b. SIGNATURE	Spe 6	Bu	_ k.D.	D	ATTEND	X (MED DIRECTOR	STAFF PHYS.		14-68	
1	22d. PHYSICIAN'S NAME (Type) T			h W. Ball					, Cumbe			
	BUR AL, (REMATION, REMOVAL (Specify)	23b. DA Felt	TE 0.15,19	68 St. F.	ary'	or crematory S Cemet		Cu	mberlan	d,All		(Stote) Md.
24 F	James 1	F. Sea	rpelli	ADDRESS, Cumberl		Md.	2So. REC'D E			GISTRAR'S SI	GNATURE Y	of galle

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should b≡ filed with the State Dept. of H≡alth prior to burial, cremation, or removol, o≡d in ≡ny event, within 72 hours after deota; VR A15 (4) 30M REV 1/68

after deoth.

10 HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician.

 \mathbb{X}

VR ARSME IS: 10M REV. 1/68

20. AUTOPSY? NO [X] 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) State County Inquiry 196 and in my apinian Undetermined manner 226 DATE SIGNED 23d LOCATION (City or Town) (County) Cumberland, Md. Allegany 25b. REGISTRAR'S SIGNATURE

25 HOUR

2d HOUR

19

12b KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH



FOR STATE HEALTH-DEPT.

pages 1 and 2 with the State Department of

Page

necessary, please execute the certificate, writing the ward pending in pencif in Item 18. Give Pages 1, 2, and 3 the funeral a rectar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm. PMS, Pa the funeral a rectar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

This cert ficate should be executed within 24 hours

DICAL EXAMINER:

TO DEPUTY

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with Health priar to burial, crematian, ar remaval and n any event within 72 haurs after death

TO FUNERAL DIRECTOR: Page 3 shauld be used

5 may be retained far yaur files.

ny delay 15

after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		CEASED NAME ype or Print)	Fust		M.dd.		Lost			20. DATE KNOWN OF ESTI-		Doy Yeor	2b. HOUR
-		790 01 111113	LILLIA	J	JOSEPHI	TE	COLLIN	3		DEATH MATED	FEB	3 168	6 A M
	3 SE		4. RACE	S DATE OF BIR		6 AGE (In years	MONTHS DAYS	IF UNDER	24 HRS.	2c DATE PRONOU			2d HOUR
	F	EMALE	WHITE	JULY 19	1900	(Systematory)		HODK2	MUM	MEEB	Doy 3	Yeor 168	6 A M
i		S.RTHPLACE (Stote	a Dr foreign //	CITIZEN OF WH	AT COUNTRY?	8 M	ARRIED NEVER	ARRIED 🗌	1	NTY OF DEATH			
	coun	PE.MA		USA		WI	DDWED D	VORCED [AI	LEGANY			Md
	10 (ITY OR TOWN OF	DEATH	11 N	to a character of the contract		DN (Fnot n hospi			CUPATION (Kind of		126 KIND OF BUS	NESS OR
		CUMBERL					EART HOS	F.	*	HOUSE AT	FE '	HOUSE, I	TE
	13o	USUAL RES DEN- imiss on) STATE	CE (Where deceose	d lived, if institu 136 COUNTY I	LEGALY	before 13c CII	IY OR TOWN BERLAND	3d. MSIDE CITY	NO #	130 STREET AND I	IUMBER X 534		
		ATHER'S NAME	First	Middle		Lost	Is, MOTHER'S A		First		Middle	los	
			LEWIS	*******	GRÆEN					PHINE	7711 0010	LIMDER-A	
	16o 3	WAS DECEASED EV	ER IN U.S. ARMED FO	DRCES?	166 SOCIA, SECU	IRITY NO	17. INFORMANT		OOL		DRESS	211122442	141
		es, no, or unknov		ar or dates of service)				R. CO	T.I.T.			CUHBERI	AIID
			DEATH (Fater poly				OTHER	100		10 14 27 4	2040/20	APPROXIMATI	E INTERVAL
		PART I D	DEATH (Enter only EATH WAS CAUSED	BY.	ne ror (o), (b), o	MY O	C1 "11	F .RC	TIOH	LEFT		AETWEEN ONSE	
		110		E CAUSE (o)	AS A CONSEQUE								
		DUE TO, OR AS A CONSEQUENCE DF Conditions, if ony, which gove rise to immediate couse (a). Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
		lost											
		PART 2 OTHER	SIGNIFICANT (ONDIT	(c) TONS CONTRIBILI	NG TO DEATH BL		D TO THE TERMINAL			N GIVEN IN PART 1	(n)		
				-						,, 6176.4 111 - 71114)	(0)		
	CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION		PERATION					20. AUTOPS	Y?
	IIFICA				WAS PERFO	ORMED?						YES 🔣	NO 🗔
		210 EXTERNAL			N. URY Month, Do	ογ, Yeor	21c. HOW INJURY	OCCURRED (Er	nter motu	re of injury in Port	1 or Port 2,	tem 18)	
	WEDICAL	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING [HOUR A.		19							
	MED	21d INJURY OC	CURRED 21e, PI	ACE OF INJURY (At home, form, st	treet,	21f. LOCATION Stre	et or R F D. No		City or Town		County	Stote
		AT WORK	OT WHILE TOCK	ory, office buildin	g, etc)								
		22a. I	certify that I ta	ak chorge of t	he remains de	scribed abo	ve. held an Au	tapsy 🔼	Ins	pection [2].	Inquiry []	XX and in m	ny apinian
			sulted from:										7 -1 -
			1	. 1 /	7.			HIEF MEDICAL					
		SIGNATUR	Levela	witt	115	2446		SSISTANT MED			22b DATE	ESIGNED	
		EXAMINER'S						EPUTY MEDICA	AL EXAMI	NER 🔼 F	ebru i		
		NAME (Type)	BENED	ICT SKI	TARELIC,	, H.D.		DDRESS(Stree	l, city, to	wn, or county)JMI	11	1,	1
		BURIAL, CREMA		DATE	23c. NA/	ME OF CEMETER	Y OR CREMATORY		23d	LOCATION (C ty or	Town)	(County) /	Slote)
		REMOVAL (Spec		EB 68			AN CELETI	RY	R	FD#2 Chil	3#L4L.	D ALL G	A.Y riD.
1	24	FUNERAL DIRECT	OR			ADDRESS		25o. REC			REGISTRAR'S		
	H	LEE S	ILCOX Lo	DECATI	R ST C	MARKEL	AND MD	DATE	FEB	6 1968	My from the	works. Jin	

VR A15ME (5) 10M REV 1/68







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

21301 25 HOUR A DECEASED NAME First Middle Lost 2a DATE OF DEATH (Type or print) 2) FEBRUARY **GEORGE** P. **CRUMP** 6 AGE (In years last hethday) 4 RACE S DATE OF BIRTH 3. SEX HOURS MALE WHITE DECEMBER 3,1887 76, CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED COUNTRY MARYLAND ALLEGANY U.S.A. WIDOWED [DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) MEMORIAL HOSPITAing most of working life, even if retired) INDUSTRY CUMBERLAND. MD. COAL MINES 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE E TY LIMITS? 13e STREET AND NUMBER MARYLANDIB COUNTY MT. SAVAGES NO BOX 36, MT. SAVAGE, MD ALLEGANY 14 FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First M.ddle MARGARET **CRUMP** BRODE. GEORGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, at unknown) 213-09-8575 CUMBERLAND MEMORIAL HOSPITAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ___ Bronchiogenic Carcinoma h months DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerosis-ceneralized Chronic Bronchitis Silicosis
190 DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME, SARM, STREET, SACTORY,) 218. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED State City or Town County While Nat while of wark 22a I certify that (I) (this haspital) attended the deceased fram 1957, 19, to Feb. 22, 1968, that (I) (we) last saw the deceased alive an Feb. 21, 1968, and that in (my) town apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did pot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 2-23-68 DEGREE PHYS. 22d PHYSICIAN S 22e. ADDRESS NAME (Type HIMMELWRIGHT 133 VIRGINIA AVE. CUMBERLAND, MD. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) 23g BUR AL, CREMATION

Page 4 may be retained by the hospital or attending **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use all the shauld be filed with the State ept. of Health prior tall VR A15 [4] 30M REV 1/68

requires that the death certificate be executed within 24 haurs after death

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physician and campletely filled in by the en please remave carban mapers. Bases avol, and in any event, within 72 hours afti

or removal, and in any event,

burral, cremation,

signed by the burial-transit p

24 FUNERAL DIRECTOR JOSEPH R. DURST, SR.,

ST. GEORGE'S CEMETERY ADDRESS FROSTBURG, MD.

25a REC'D BY REGISTRAR 1968

25b REGISTRAR S SIGNATURE

MT. SAVAGE, ALLEGANY, MD.



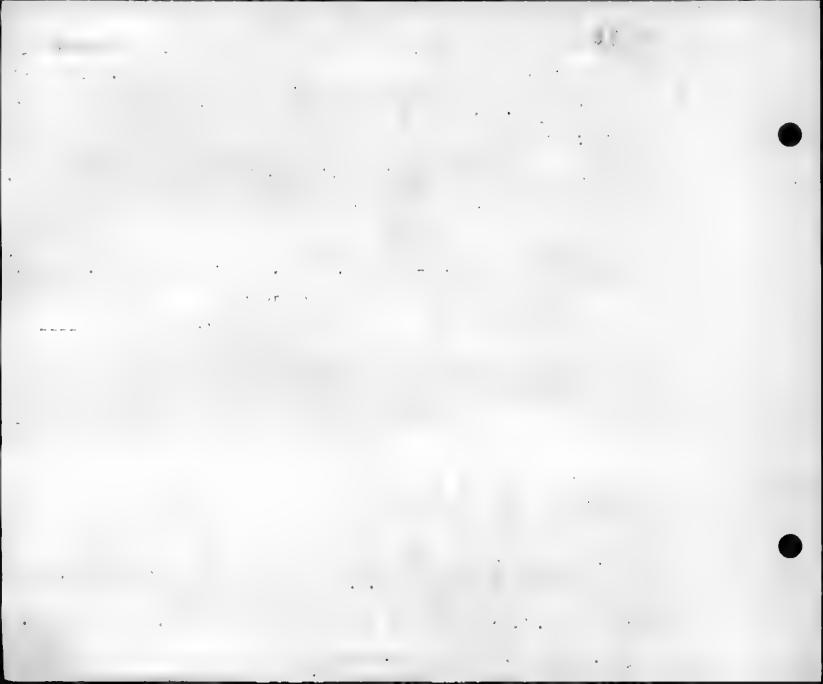
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FOR CTATE	I	tem 17 Film G39	N OF VITAL RECORDS, 301 V			and the same of th	1962
FOR STATE A A	7 D	ECEASED-NAME Firs		NER'S CERTIFICATE			
SER B		Ype or Print) John	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Donaldson	, [2	OF ESTI-	
~ -	3 5			AGE (In years IF UNDER 1 YEAR		DEATH MATED 2/	
y delay		lale White		61 YRS MONTHS DAYS	HOURS MIN	Month Day	Year 29 HOUR
57	-	RTHPLACE (State or fareign	7b (T ZEN OF WHAT COUNTRY?	8 MARR EDY NEVER M	ARRIED 9 COUNT	February 6	190% 11-30%
farm farm	eaun	MD.	USA			legany	Md
Pages Ath farts: State	10. (TY OR TOWN OF DEATH	11 NAME OF HOSPITAL C	R INSTITUTION (If not in haspite	ol 120 USJA, OCCU	PATION (Kind of work done	126 KIND OF BUSINESS OR
14 haurs after death an Item 18 Give Pages s Office alang with far s land 2 with the State s after death	Lo	naconing	give street oddress).	ckson St.	during most of w	red Miner	INDUSTRY
s after 18 Gr e alanç 2 w th death		USUAL RESIDENCE (Where deceo	sed I ved, if institution. Residence be	fore 13c CTY OR TOWN	3d INSIDE CITY LMITS? 13	Be STREET AND NUMBER	1
118 ce a ce a si 2 w		MU	13b COUNTY Allegan			Jackson S	T.
them 18 Office of 1 and 2 v	14. F	ATHER'S NAME First		ost 15. MOTHER'S MA		Middle	Lost
hin 24 ncil in landing some subges landing contractions of the con	17.	James Do			-Oda Sho		
		WAS DECEASED EVER IN U.S. ARMED es paragunknown) (Hynsgro		17 INFORMANT 1-3556 Ida	Poraldson Richards	on, Lonacon	ing. Md.
d w t in pe Exar File n 72		N ()	1000		2122191111	A	APPROX.MATE INTERVAL
be executed "pending" in nef Medical E ans t permit. F event within		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per Ine far (a), (b), and ID BY.	Coronary	Occlusio	(WIFE)	BETWEEN ONSET AND DEATH
e executed pending" in ef Medical s t permit.		HILL T IMMEDI	DUE TO, OR AS A CONSEQUENC		OCCTUST	711	Sudden
be e "per nief A ans t even		Canditians, Fany, which gave	1	Coror	nary Scl	erosis	
auld be e ward "per the Chief) al-trans t		rise to immediate cause (a), stating the underlying cause	(b)		<u>y</u>		
		last.	(6)				
0, ====		PART 2 OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM, NAL	DISEASE OR CONDITION	G₁VEN IN PART 1(a)	
verificate writing the warded warded sed as a coval, and	No						
veritifarwar arwar used mova	S	190 DATE OF OPERATION	195 CONDITION FO WAS PERFORE	OR WHICH OPERATION MED?			20 AUTOPSY?
This icate, be fa	CERT	21a EXTERNAL CAUSE WAS			OCCUPATO /F	(YES NO
		PRIMARY OR CONTRIBUTING			OCCURRED (Enter nature o	of injury in Part 1 or Part 2	tem 18)
INER: e certifi shauld files. 3 should action, c	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e	PLACE OF INJURY (At hame, form stre	et 21f LOCATION Stree	at or R F D. No.	C ty ar Town	County State
		WHILE NOT WHILE fo	octory, affice building, etc.)	211 EOCKITOR SITES	NO RI D NO	C 19 di 10 WII	50307 310IE
			took charge of the remains desc	rihed ahaya held an Aut	toney [] Inche	ection 🔀 , Inquiry 🖟	and in my opin on
CAL E executor Paragram Paragram CTOR: burial,		death resulted fram			Hamicide	Undetermined manner	and I I
directa directa directa brained DIRECT		7	(//		HIEF MEDICAL EXAMINER		
		ACTUAL SIGNATURE	enter to JETT		SSISTANT MEDICAL EXAM I	NER 225 9AT	SIGNED
Sary Sary Sary Sary Sary P P		EXAMINER'S			PUTY MEDICAL EXAMINER		
o DEPUTY necessary, pl the funeral of S may be re o FUNERAL I Health prior			lict Skitareli	c. M.D. AL	DDRESS(Street, city, tawn	or cou Oumberla	nd, Maryland
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a	O FERRAL LL Co. L. CO.		OF CEMETERY OR CREMATORY		OCAT ON (City or Tawn)	(Caunty) (State)
*	n à			Hill Cemeter	9	0)	ld.
VR A 5ME (5)	24.	FUNERAL DIRECTOR George Eic		coning, Md.	250 RECEBERES	TEAR 1583 REGISTRARS	SIGNALURI
10M REV 1/68		-00180 DIC	ATTIOLITY MOILE,	conting, rate	DATE		

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_	- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
<u> </u>	ais.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	048070
	\mathcal{M}		01903
= = = = = = = = = = = = = = = = = = = =		CEASED NAME First Middle Last 2a. DATE OF DEATH Appe or print) Day	25 HOUR
after death. The funeral ages I and 2 s after death.		RICHARD CLAY EDWARDS FEBRUARY 29	1968 M
fer fer		X 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday)	FUNDER I YEAR IF UNDER 24 HRS MONTHS I DAYS HOURS ANN.
		MALE NEGRO DECEMBER 7.1888 79 YRS.	months press made
2 2 30 P		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED K NEVER MARRIED 9 COUNTY OF DEATH	
		MBERLAND, MD. U.S.A. WIDOWED DIVORCED ALLEGANY	Md
- 1g	,	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspito) 12d USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
with bon bon	ê	OSTBURG MINERS HOSPITAL MINER working fe, even if retired)	COAL
plet car		US.A. RES DENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER ss on) STATE 13b COUNTY 13d INSIDE CITY LIM TS? 13d INSIDE CITY LIM TS?	
ecut com ave		MARYLAND ALLEGANY FROSTRURG 100 W. MECH	MIC STREET
ex and md		ATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle	Last
be III d		RICHARD EDWARDS ANNIE	BUTLER
sicio Plea		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address es. no. or unknown) (Il yes give war or dates of service)	MARYLAND
phy en ova			FROSTBURG
equires that the death certificate be executed within 24 hour after physician. signed by the attending physician and completely filted in by the fur burial transit permit. Then please remave carbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after		1B. CAUSE OF DEATH (Enter only one couse per inne-for (c), (b) and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN OWSET AND DEATH
end end or I		IMMEDIATE CAUSE (0) Caralac Facilist	
aff ion		DUE TO, OR AS A CONSEQUENCE OF	
the the sit		Canditions, if any, which gave rise to immediate cause (a), (b) Silling as a silling	
in the state of th		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
equires the physician signed by burial tra		OSE	
requestion signatures of the signature o			
law requires that the death certificate be executed within 24 houn nating physician. been signed by the attending physician and completely filted in by the burial transit permit. Then please remave carbon papers. Piarto burial cremation, or removal, and in any event, within 72 hour		190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
ilCIAN: The law repital or attending trificate has been af far use as the of Health priar to l	2	YES NO DE CAUSES OF DEATH?	HODERED IN CERTITATION
or a properties of the house	OL.	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter notate of injury in Port 1 or Part 2, In	tem 18 \
ficat far far far far		TO OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Dov Year	· · · · · · · ·
G PHYSICIAN: the haspital or this certificate		(If either, notify medical examiner) P.M. 21d .NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street ar R.F.D. No. City ar Town While Not while	County State
PHYSIC ne haspi this certi etached beat. o	1		danity man
DING PHYS by the has ifter this cel be metache State Dept.		at work of work 1900 to 2/29-19	Co 8' that (1) (we) last
OR ATTENDING PARECTOR: After B 3 shauld be 3d with the State		22a. I certify that (I) (this haspital) attended the deceased from Joung 1967, to 2/29-, 19 saw the deceased alive an	re and havr and fram the
The Sine of the state of the st		causes stated abave, (1) (we) (did) (did nat) view the bady after death	
A Par Distriction		ATTENDING MED. STAFF	PATE SIGNED
Distriction of the property of		// ·	13/6/-
may RAI SAI Pa	1	22d PHYSICIAN'S NAME (Type) JOHN B. DAVIS, M.D. 22e. ADDRESS 2 BROADWAY. FROSTBURG.	MD. 21532
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or 10 FUNERAL DIRECTOR: After this certificate director, page 3 should be setached for us should be filed with the State Dept. of Healt	5	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
direction of the second	0	THE MOVAR Specify	
	4,00	ANDREC 200 DECITOR 250 DECISTRAD 250 DECISTR	LEGANY, MD.
VR A15 30M REV	1/68	MITTOU M. SOWERS HAFER-SOWERS FUNERAL MAR 5 1968 YOURS	la lucas.
		THE THE SOUTH AND THORSE SOUTH AND THE	Total Victor and the last of t



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH at ca. HEALTH DEPT 1. DECEASED-NAME 20. DATE KNOWN Manth (Type or Print) Pode DEATH MATED | Feb.4.1968 Arthur James 3 SEX 4. RACE 6 AGE (in years F UNDER 24 HRS 2c DATE PRONOUNCED DEAD S DATE OF BIRTH and iast birthday) Feb ruary Male White Feb. YRS. 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED ANNEVER MARRIED country) WIDOWED Maryland USA D VORCED Allegany . 20 USUAL OCCUPATION (Kind of work done O. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) Memorial Hospital Retired Janitor Cumberland Celanese Corp. 13d INSIDE CITY LIM IS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN Mary land 3b COUNTY Allegany YES 😿 NO 🗌 La Vale 1 Ruth Street land 2 14. FATHER'S NAME Inst 15. MOTHER'S MAIDEN NAME First Leopold Eisentrout Maria Bowley poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, na, ar unknown) 214-01-3645A Mrs. Emma B. Eisentrout, 1 Ruth St. La Vale, Fle No APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Occlusion Coronary DUE TO, OR AS A CONSEQUENCE OF Coronary sclerosis Conditions, if any, which gave rise to immediate couse (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO IXIX YES 🖂 pe 21c HOW INJURY OCCURRED (Enter nature of injury in Part , or Part 2, item 18.) 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street City or Town County Stote factory, office building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry X. and in my apinian death resulted from: Natural causes 🔀 . Accident 🗍 Suicide 🗍 . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL I 22b DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE February 4.1968 DEPUTY MEDICAL EXAMINER K Heolth moy SKITARELIC, M.D. BENEDICT NAME (Type) ADDRESS(Street city, town, or coCVMBERLAND, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 0 23a BUR AL CREMATION. 23d. LOCATION (City or Town) 23b DATE (County) (State) REMOVAL (Specify) Frostburg Memorial Park Frostburg. M Allegany 24 PUNERAL DIREC 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Ave. Cumberland FFR Md.

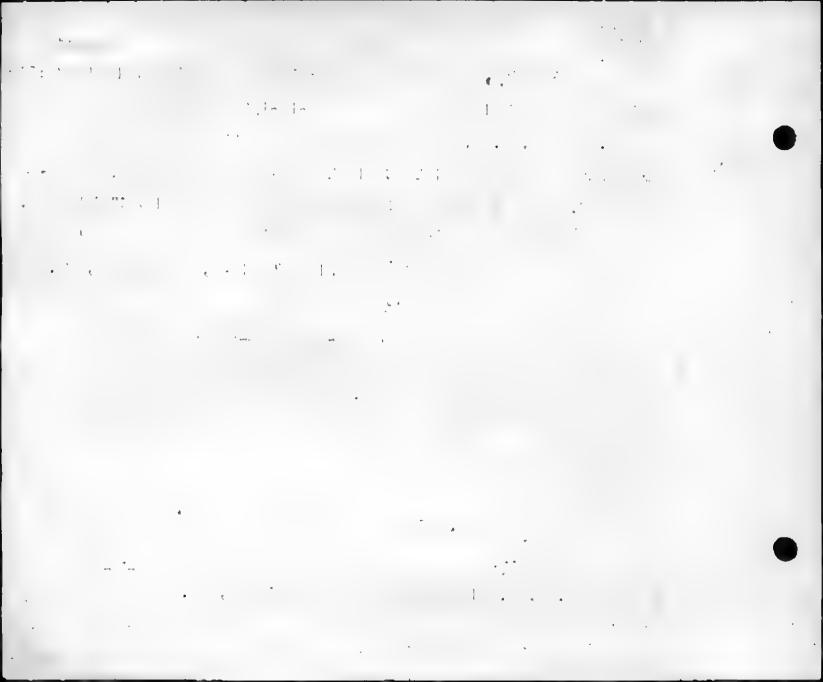






DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0202	*	LEKI	IFICATE OF DEATH		71997
I. DECEASED-NAME	First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
(Type or print)	ALFRED	LEE	GEORGE		7 19688:20P
3. SEX	4 RACE		S. DATE OF BIRTH	01 1100 (111 10010	FUNDER (YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
MALE	WHIT		4-18-19		ONTIS DATA POURS MIN
7a BIRTHPLACE (State :	or fareign 7b CITIZEN OF WHAT	1 1114	VICTOR STATES TO STATES TO STATE OF THE STATES AND ADDRESS OF THE STAT	9. COUNTY OF DEATH	
MD.			OWED DIVORCED	ALLEGANY	Md
10 CITY OR TOWN OF I	FEATH 11 NAM 9'V/ME	OF HOSPITAL OR INSTITUT OF MORTAL HOS	ON (If not in hospital 12a USUA SPITAL during to	Free Control (Kind of work done	125 KIND OF BUSINESS OR INDUSTRY allroad
	(Where deceased lived, if institution	r Residence before 13c. C	ITY OR TOWN 13d INSIDE CITY J.J. JMBERLANDYES NO		UMBIRD ST.
14. FATHER'S NAME	First Middle ALBERT	GEORGE	IS MOTHERS MADEN NAME FOR		RICE
16a WAS DECEASED EV	ER IN S. ARMED FORCES?	6b. SOCIAL SECURITY NO	17 INFORMANT	Address	
Yes, no or unknown	(11 yes give war or dates of service)	705-05-4435	MEMORIAL HOSE	PITAL, CUMBERLA	ND, MD.
18 CAUSE OF DI	EATH (Enter only one couse per tine	for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	TH WAS CAUSED BY-		ogenic Carcinoma		3 months
1621	7	A CONSEQUENCE OF			
Conditions, if any	which gave) on		n isis Emphysema	Asthma	
rise to immedio stating the unde	ia choza (n) i	A CONSEQUENCE OF			
last	(c)			N-m	
PART 2. OTHER S	GNIFICANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT REL	NTED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
N. C.			ardiovascular Di	sease	
19a. DATE OF OPER	ATION 195. CONDITION FOR WHICH	H OPERATION WAS PERFORM		20b IF YES, WERE FINDINGS (ON CAUSES OF DEATH?	SIDERED IN CERTIFYING
RIE			YES NO		
		NJURY Month Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2, Ite	m 18.)
fif either, notify i	medical examiner) P.M.	19			
White Not wi	hile 🔲 📗	HERCE BUILDING, ETC. 7	21f. LOCATION Street at R.F.D. No.	·	County State
22a. I certify	that (I) (this hospital) atten	ded the deceased fro	m 1960 , 19	, taFeb17_, 19_6	08_, that (I) (% e) last
	deceased alive an rated abave, (i) (we) (did) (a	cb 16 1968 book view the bady	_, and that in (my) (our) apic after death.	nian death accurred an the date	
22b. SIGNATURE	Still-	7	DEGREE PHYS 🚾 DI	FD STAFF -	TE SIGNED
22d PHYSICIAN'S NAME (Type)	DR. G. O. H			AND, MD.	
23a BURIAL, CREMAT C		23c NAME OF CEMETE		, , ,	(Caunty) (State)
BENDAH Specify			an Cemetery	Cumberland, Al	
24 FUNERAL DIRECTOR James	F. Scarpelli,	Cumberland.	Md. 2So REC'D BY		
000			DATEFEB	23 1968 Jacom	es Judges :



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3150A Middle **DECEASED-NAME** First Lost 2o. DATE OF DEATH 2b. HOUR A (Type or pant) FEBRUARY BARBARA HALLER 4:0% event, within 72 haurs after 4 RACE S. DATE OF BIRTH 3 SEX 10. IF UNDER 24 HRS. 6 AGE (In veors the attending physician and completely filled in by the DOTOBER 9,1888 FEMALE WHITE law requims that the death certificate by executed within 24 hillurs 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or fore gn 8 MARRIED 💢 NEVER MARR ED 🗀 9. COUNTY OF DEATH ALLEGANY U.S.A. DIVORCED [10 CITY OR TOWN OF DEATH NAME OF MOSPITAL OR INSTITUTION (If not in hospital 20 USUA, OCCUPAT ON (Kind of work done 2b KIND OF BUSINESS OR during most of working life, even if retired) CUMBERLAND 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 134 HISIDE CITY LUMITS? 13e STREET AND NUMBER 3b COUNTY BEDFORD burial, crematian, ar removal, and in any 14 FATHER'S NAME SUSAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) (If yes give war or dates of service) HOSPITAL CUMBERLAND MEMORIAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse signed I PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **■**ttending as the prior to b has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [YES 🗀 be retained liy the haspital or this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INITIRY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ö OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED
While Not white at work at work (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21e PLACE OF INJURY City or Town County Stote O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from Society, 1965, to Successful, 1965, that (1) (we) last saw the deceased alive an Successful and from the 3 shauld causes stated above, (i) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED director, page should be filed 22e ADDRESS 236 22d PHYSICIAN'S NAME (Type) DR. AVENUE. CUMBERLAND. MD. 250 RECD BY REGISTRAP ADDRESS VR A15 (4, 30M REV. 1/68



J 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME First Middle Lost 22 DATE KNOWN Month Day Year 25 HO
2 8 2	(Type or Proft) Jacob Bernard Hamilton OF ESTI- DEATH MATED Feb. 9 1969:45
deloy M3 day	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS 20 DATE PRONOUNCED DEAD 2d HO
PM3 PM3	Male White July 11,1899 68 YRS MONTHS DAYS HOURS MIN Month Feb. Day 9 Year 19689:45
E ~	70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARR ED 9 COUNTY OF DEATH
for for	COUNTRY) Virginia USA W DOWED DIVORCED Allegany
death e Pages with for	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (if not in hospital 120, USUAL OCCUPATION (Kind of work done 12b Kind of Business OR
. > 55 =	Cumberland give street oddress) D.O.A. Sacred Hear tring most of working life, even (set red) INDUSTRY Railroa
eo al	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 3c CITY OR TOWN 134 NSIDE GITY LIMITS? 13e STREET AND NUMBER odmission) STATE W. Va. 13b COUNTY Mineral Wiley Ford YES NO None
haurs Item 11 Office 1 and 2	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN WAME First Middle Lost
	Jacob L. Hamilton Editha Larman
within 24 in pencil in Examiner's File pages 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give was or dates of service) 17. INFORMANT ADDRESS Wrs. Tola Hamilton Willer Ford W 17. In 19.
xar	The Local Hamilton, wiley Toru, "Va. Wile
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" i of Medical sit permit	109 IMMEDIATE CAUSE (a) Lo Lon ary Occlusion Sudden
be execute "pending" nef Medica snsit permit	Cand tians, If any, which gove)
	rise to immediate cause (a), (b)
2 > ± = = =	stoling the underlying cause DUE TO, OK AS A CONSEQUENCE OF
ate shap the set to to to to cond in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
d d d	The state of the s
is cert f te, writi farwar e used remava	196. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? YES NO 5 210 EXTERNAL CAUSE WAS 21b TIME OF NURY Month, Day, Year 21c HOW IN. IRV OCCURRED (Enter not its of invention Red 1 or Red 2 tem 18.)
This create, the far	WAS PERFORMED?
年_ 9 0	
INER: e certif shauld files: 3 shauld attan,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
EXAMINER: cute the certinge 4 shauld it your files. Page 3 shaulf, cremation,	EADSE OF DEATH PM 19 21d N. URY OCCURRED WHILE AT WORK AT WOR
AL E) xecul r. Pag far y oR.P	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opin
ICAL I	death resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined monner
please al direc retain E DIRE	CHIEF MEDICAL EXAMINER
y, ple eral d se ret priar	SIGNATURE Signature 22b DATE SIGNED
	EXAMINER'S BELL, 9, 1968
TO DEPUTY necessary, the funerc 5 may be 70 FUNERA Health pr	NAME (Type) BENEDICT SKITA RELIC MDADDRESS (Street, city town, or country) Cumilia riand, md
10 10 H	23d BUR AL (REMAT ON, REMOVAL (DECATION (Cry or Town) (County) (State) Feb. 12.1968 Fort Ashby Cemetery Fort Ashby Venetery (Fort Ashby Venetery)
	ON F MIDN DIRECTOR
VR A 5ME ,5)	24 FUNERAL BRECTOR'S F. Scarpelli, Cumberland, Md. 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE DATE FEB 13 1
10M REV 1/68	DATEL LU 1 0 1004 0



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death

to derol

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the haspital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

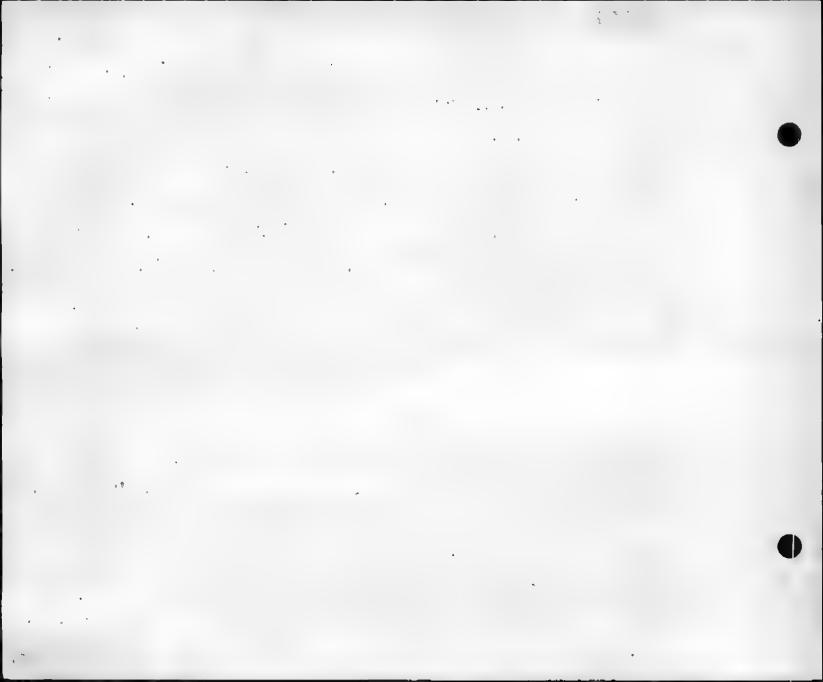
CERTIFICATE OF DEATH

01910

	EASED NAME	First		Middle		Last		2a DA1	E OF DEATH			2b.	HOUR
, (1Ab	e or print)	JAMES		WILLIA	4	HARD	INGER		02 Month	13 Doy	68°or	8:	45 PM
3 SEX			4. RACE			. DATE OF B	IRTH		6 AGE (In	years	IF UNDER 1 YEAR		R 24 HRS
h	MALE		WHITE			09-	-11-99		lost birth	day) YRS.	MONTHS DAYS	HOURS	MIN
7a BIR	RTHPLACE (Stote	or fareign	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED X	X NEVER MAR	RIFO	9. COUNT	Y OF DEATH				
(OUPFI	PENNA.		USA		WIDOWED		RCED 🗀	ALI	EGANY C	OUNTY	,		Md
10. CIT	Y OR TOWN OF	DEATH	11 NAM	E OF HOSPITAL OR INST	ITUT ON (If na	in haspital	12a USU/	AL OCCUPA	TION (Kind of w	ark dane	12b KIND C	F BUSINES	SOR
(CUMBERL	AND	give stre	SACRED HE	ART HO	SPITAL	. duringo	BREKL	WORKER IT	retired)	INDUSTRY	E CO	
13a U	SUAL RESIDENCE	(Where deceo	sed lived, if institution	. Residence before			3d INSIDE CITY J		e STREET AND N				
oam ss	ion)MARYL	AND	13b CAUNTEG	ANY C	JMBERL.	AND	YES NO		TO MAR	IAN S	Т.		
14. FA1	THER S NAME	First	Middle	Lost		MOTHER'S MA	A DEN NAME F			Middle		Last	
	W	ILLAAM		HARDII	NGER		OCEO	LA			Т	WIGG	
16a V	VAS DECEASED E	VER IN U.S. ARI	WED FOR (ES? 1)	66 SOC AL SECURITY NO		FORMANT				Address			
, al.	10 orunknow	1) (1.)0.1 gira	10, 51 55163 (1.3614(4)	214-07-	1628	HOSP	TIAL R	ECORU), 900 S	ETON			
1	8. CAUSE OF D	EATH (Enter or	ly one cause per line	for (a) (b) , and (c))	COLL	UDE 6	CUEE					DAY	
1	18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) PART I DEATH WAS CAUSED BY MYUCARD IAL FAILURE, ACUTE											DAT	
	413	9		A CONSEQUENCE OF									
	anditions, if on		(b) ART	A CONSEQUENCE OF ERIOSCLER	OTIC H	EART D	ISEASE				30	YRS	
	ise to immedic toting the und			A CONSEQUENCE OF	40114						1. =		
	lost. 4 2 (c) LODAR PALOMONIA												
í	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
7	EMPHYSEMA ACUTE, CHRONIC BRONCHIAL ASTHMA, ARTERIOSCLEROSIS, GENERALIZED												
Ĭ Z	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS									ONSIDERED IN	CERTIFYIN	IG	
CERTIFICATION	NONE YES NO # CAUSES OF DEATH?												
	I a ACCIDENT V ☐ OR CONTRIBUTING			NJURY Manth Day Year	21c HO	NONE	CURRED (Enter	r nature of	injury in Part 1	or Part 2, I	tem 18.)		
ă	If either, notify	medical exami	ner) P.M.	19									
\[\frac{1}{2}\]	21d. INJURY OCC	URRED 21e.	PLACE OF INJURY (A	l Home, Farm, Street, Facto Ffice Building, etc.	21f. LOC	ATION Street	et ar R.F.D. No		City or Town		County		State
ol	While Nat w	ork 🖳	HORL			FR11		62	EER_1	2	6.9	-	
2	2a I certify	that (I) (th	is hospital otten live on (ord) d	ded the deceased	fram	Al- A: A(4)	, 19_	, to	1	77, 19	, the	y (1)/y	ve) lost
	Sow the	aeceosea c tated abovi	welded d	id not) view the h	ody ofter d	anth.	8 45	P. M	orn occurred o	n the do	re ona hou	Lend in	om the
2	2b SIG ATURE			id not the discount	ody offor a	701111			- 4	220 1	DATE SIGNED		
1	Xam	JT.	Hacery	an ma	DEGRE	ATTENDIA E PHYS	NG # N	MED IRECTOR	STAFF [] 2~	14~68		
۾	zd. PHYSICIAN'S					22e. ADD	RESS						
	NAME (Type	JAM	ES P. HALL	INAN		140	BEDFO	RD ST	REET, C	UMB.,	MD. 21	502	
23a B	BUR AL, CREMATI			23c. NAME OF C	METERY OR C				CATION (City or T		(County)	(Stat	
	BOALEST.		16/1968	Sunset M	lemoria	l Par			r Cumbe			g M	d
	INERAL DIRECTO		Thater	ADDRESS			2So RECD B	Y REGISTRA	1968 R	EGISTRAR S	SIGNATURE	444	
J	ohn J.	Hafer.	Jr. 230 1	Ballto Ave.	Cumbe	rland	Ma rt	pTa	1200	1	rung &	2	

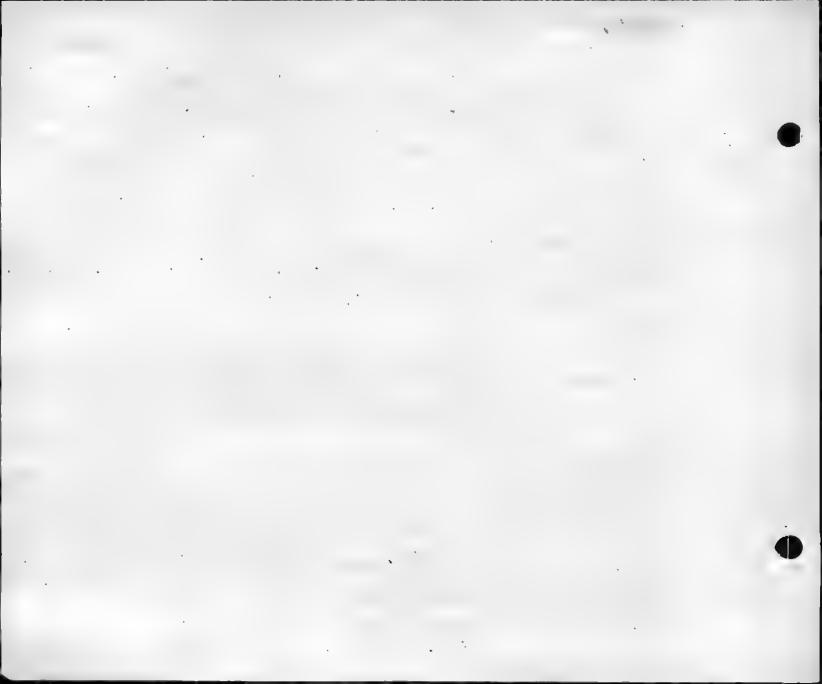
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 house after VR A15 (4)-30M REV 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	21912							
	DECEASED-NAME first Middle Lost 20 DATE KNOWN N OF ESTI-								
,	ERNEST E. HARTMAN, SR. DEATH MATED [] I'								
3 51									
1	MALE WHITE AUG. 6, 1899 68 YRS FEBRUARY	76, 1 ⁷ 968 11:PM							
	BIRTHPLACE (Store or foreign 7b CHTIZEN OF WHAT COLNTRY? 8. MARRIED 9 COUNTY OF DEATH								
	"MARYLAND USA WIDOWED ALLEGANY								
	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work in during most of working life even if return to the during most of working life even if return to the during most of working life even if return to the during most of working life even if return to the during most of working life.								
RF									
	D USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13d INSIGE CITY DMITS? 13e STREET AND NUMBER								
		ARMS							
14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	4.474							
160	ROBERT J. HARTMAN SARAH	DAWSON							
	1. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (Figs give wor or dates of service)	CONTROL OF A RELL MAIN							
	(Yes, no, of unknown) (Hyes give wor or dates of service) 214 05 9562 STANLEY O. HARTMAN. RFD	CUMBERLAND, MD.							
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH							
	IMMEDIATE CAUSE (6) CORONARY OCCLOSION	SUDDEN							
	Canditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS								
	rise to immediate couse (a), (b)								
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
	(1)								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
NO	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?							
FICAT	WAS PERFORMED?								
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Pa	- W							
GAL C	PRIMARY OR CONTRIBUTING HOUR AM.	RI Z, Rein 10)							
WED!	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f OCATION Street or R.F.D., No. (ity or Town)	Caunty State							
	WHILE NOT WHILE factory, office building, etc.)								
	220 i certify that I took charge of the remains described above, held on Autopsy, Inspect on nqui	ry ond in my opinion							
	deoth resulted from: Notural couses 🕱, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined ma	nner 🗀							
	CHIEF MEDICAL EXAMINER								
	SIGNATURE DESCRIPTION OF ASSISTANT MEDICAL EXAMINER 226	DATE SIGNED 2/16/68							
	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, cty, town, or count & UMBE								
230	O BURIA CREMATION, REMOVAL (Specify). 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)							
	BURIAL [FEB.19,1968 DAVIS MEMORIAL PARK CUMBERLAN	1-1-1-1							
24		Charles Judge							

VR A15ME (5) 10M REV 1768



31923

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

110,5

											W 48	14	P.	
-1		ECEASED-NAME	First		Middle		Lost	20	DATE OF DEATH				25. H	OUR
	Į.	Type or print)	NAOMI		GALE	1	IORNER		FEBRUARY	28	Å	1968	1	Open
	3. SE	Χ		4. RACE			S. DATE OF BIRT	'H	6. AGE (I	n years	IF UNDER	I YEAR	IF UNDER 2	
		FEMALE		WHITE			MARCH	2, 1890	iast bin	'hday) YRS.	MONTHS	OAYS	HOURS	ALIK,
	7a. B	BIRTHPLACE (State or fare	ign 7k	. CITIZEN OF WH	AT COUNTRY?	B. MARRIED	NEVER MARRI	ED 9. CC	JUNTY OF DEATH					
	coun	PENNSYLVAN	IA	USA		WIDOWED)		D A	LLEGANY					Md.
		CITY OR TOWN OF DEATH		II NA	ME OF HOSPITAL OR IN	ISTITUTION (If n	at in haspital	120. USUAL OC	CUPATION (Kind of	work done		KIND OF B	USINESS (OR
)		CUMBERLAND	, MD.	give s	reet oddressSACR	ED HEAI	RT HOSP.	during model	SEWIFE, even	it retired)	INDE	STRY		
	13o. admi	USUAL RESIDENCE (Where ission) STATE MARY	deceased LAND	TAL ABILITY	on: Residence before ALLEGANY			d. INSIDE CITY LIMITS?	13e STREET AND ROUTE					
	14. F	FATHER S NAME First		Middle	Lost	15	, MOTHER S MAIL	DEN NAME First		Middle			Last	
- 1		SIMO	N		SMITH			HANNA	Н			DUN	LAP	
	16a.	WAS DECEASED EVER IN	U.S. ARMED	FORCES?	16b. SOCIAL SECURITY		NFORMANT			Address				
	ī	(es, no. (granknown)	y yas giva woi o	rudius di seranuj	172-18-	8555	HOSPIT	AL RECO	RD					
- }		18. CAUSE OF DEATH (Enter only	one couse per lin	e for (a) (b) and (c	FT A	0	//	1	p .		APPROXIM SETWEEN ON	ATE INTERVA SET AND DE	
		PART I, DEATH WA	s caused b Immediate		14 Vila	126	~ (2	MA	men o		3	-71	· Maria	7
		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if any, which gave it is a immediate cause (a), (b)												
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
		DART 2 OTHER SUMMERCANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT DELATED TO THE TEDHNIAL DISEASE OF CHINITION CHEEN IN DART 1/4)												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
	NO.	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS										rD IN ari		
λ	CERTIFICATI	190. DATE OF OPERATION	IYD. CUI	NDITION FOR WHI	CH UPERATION WAS P	EKFORMED	20a. AUTOPS		CAUSES OF DEATH		ONZIDEKI	ED IN CEI	CHITING	
,	ERTI	210 ACCIDENT WAS UN	DEDIVING	Ore TIME OF	VALUE	{n, u	YES	NO [- of severe - Deat	Las Dard O	No. 101			
	1 1	OR CONTRIBUTING CAU	SE OF DEATH	1215. TIME OF HOUR A.M.	Month Day Yea		JW INJUKT OCCU	KKED (Enter not)	ire of injury in Part	OF POIT 2,	irem 18.			
	MEDICAL	(If either, notify medica 21d. INJURY OCCURRED				IQ	A LOTE OF	- 0 f D H-	City ar Town		(ount		Est	ofe
		While Nat while at work	7 218. PL	ACE OF INJURT	AT HOME, FARM, STREET, FI OFFICE BUILDING, ETC.	211 10	ATION STIER	arkin na	City or Town		(00111	У	310	nia
		22a. I certify that	(I) /thus	hasnital\ atta	anded the decor	od fram	7/2	6 10 G F	to 241	28 10	50	That	III Luco) last
		saw the dece	ti) (iiiis ased aliv	e an		19, an	that in (my	(aur) apinian	death accurred	an the de	ate and	, mai haur a	nd frar	n the
		causes stated	abaye, (l) (we) (did)	(did nat) view the	bady after	leath.							
		225. SIGNATURE	10	5//	1		ATTENDING	MED.	STAFF	22c.	DATE SIG	NED 9		-
		(17MV	10	ru	2	DEGF	EE PHYS	4-1 DIRECT	OR L PHYS.			4	6	5
		22d. PHYSICIAN'S NAME (Type)	RIANE	м ссп	INDLER, M	D	22e. ADDRI		ST., CUM	DEDI A	NID	мп	2150	32
	230,	BURIAL, CREMATION, BUY 1 (Sprify)	23b. DA	-	1968 H	CEMETERY OR			d. LOCATION (City or		(Caun		(State)	
	_	FUNERAL DIRECTOR	I Fig.	1-011 Z ₂		Atterns			GISTRAR 25b					

H. Zeigler, Hyndman, Pennsylvania MAR

6 1968

VR A15 (4) 30M REV 1/68

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the furber director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours offer death,

II MOSPITAL OR ATTEMBLE PHYSICIAM: The low requires that the death certificate be executed within 24 haus

Poge 4 moy be retained by the hospital or attending physician.

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TO MOSPITAL OR ATTENDING FINYSICIAM: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the hospital ar attending shysician.

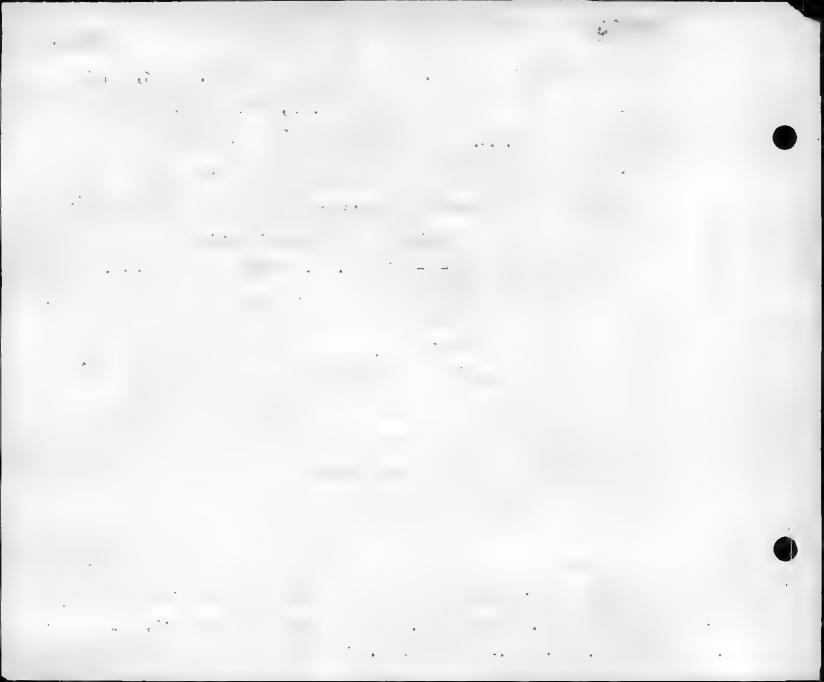
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

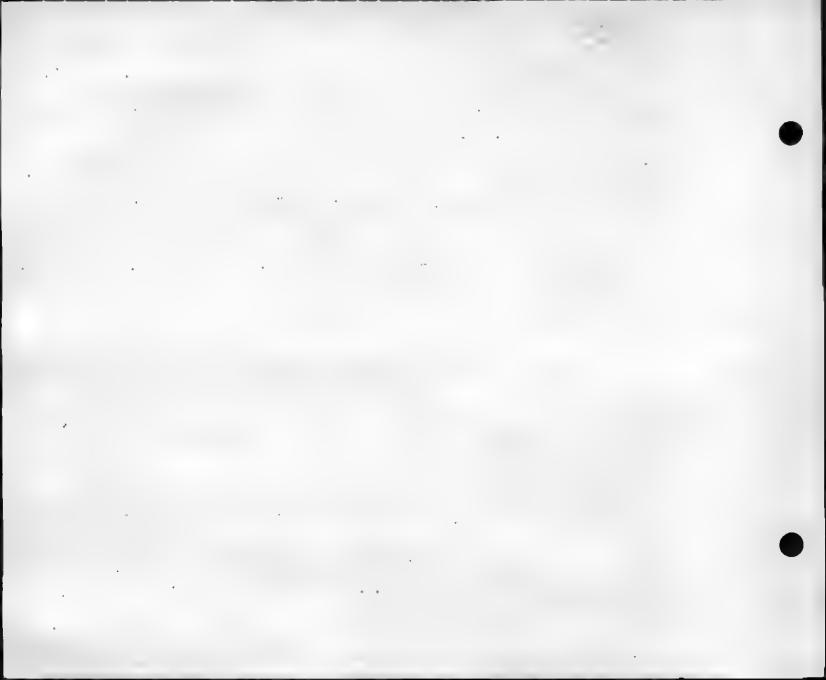
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					CRISTILL IS	ALL O	PERMIT				-	and the same	-	
	CEASED NAME	First		Middle		Lost		20.	DATE OF				2b. H	IOUR
(1	ype or pnnt)	MARGA	RET	B.	H	OSKEN			FEB.	Month D	°Y 19	68		
3. SE	X		4 RACE			S DATE OF	BIRTH			6 AGE (in years	#F UND MONTH	ER I YEAR	IF UNDER !	24 HRS
	FEMALE			WHITE		OCT.	23, 18	378		lost birthdoy) 89 YRS	monin.	Divis	HOURS	chists
	BIRTHPLACE (State or f	oreign 7	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER M	ARRIED		JNTY OF					
M	ARYLAND		U.S.		WIDOWED		ORCED 🔲		LIEG					Me
10. C	FROSTBUR			wame of HOSPITAL OR IN e street address! MINERS	HOS PIT		during H	MOST OCCU	UPATION WORL	(Kind of work done life, even if retired	I 12t	KIND OF E		OR
	USUAL RES DENCE (WHISSION) STATE MARYLA		lived, if instit 13b COUNTY	ution: Residence before	13c CITY OR FROST		13d. NSIDE CITY			DE POT		ACE		
14 F	ATHER'S NAME F	irst	Middle	Lost			MAIDEN NAME	First		Middle			Lost	
	JOHN	Į		HOSKEN	ı l	EL	IZABETI	I DE	MPST	ER				
	WAS DECEASED EVER			16b. SOCIAL SECURITY	NO. 17. I	NFORMANT				Address				
Y	es, no, or unknown)	(1) Ap2 dive mai	or dates at servicing	220-52-98	333 MR	S. WM	. McGRI	EGOR,	FR	OSTBURG,	MD.			
				line for (a) (b), and (c).) (7	1		-			APPROX M BETWEEN ON	ATE INTERV	
	PART I DEATH \		BY E CAUSE (o)	MUGG	unde	al	Doch	معر	me	1			_	
	41214	(1410411120-741)		AL A CONSEQUENCE OF		\	1)	e.u.	× ,					
	Conditions, if ony, w		(b)	("some	MI !	who	+ free	سدر		1	1	you	~	
	rise to immediate couse (o) DUE TO, OR AS A CONSEQUENCE OF													
	lost (1) Chemoscless(5)													
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)													
×														
CERTIFICATION	190. DATE OF OPERATION	ON 196. C	ONDITION FOR V	NDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID CAUSES OF DEATH?						CONSIDE	RED IN CE	RTIFYING	,	
TIE						YES	NO [CAUSES	OF DEATH!				
-	210. ACCIDENT WAS		21b TIME HOUR A A	OF INJURY A. Month Day Yea		OW INJURY (OCCURRED (En	ter notur	e of nulni	y in Port 1 or Port 2	, Item 1	8)		
MEDICAL	(If either, notify med				19									
M.	21d INJURY OCCURR While Not while	ED 21e. F	LACE OF INJURY	AT HOME FARM, STREET F. OFFICE BUILDING, ETC.	ACTORY) 21F LC	CATION S	reet or R.F.D. I	No	City	or Town	Cou	nty	\$1	tote
	ot work of work	Ŭ 						/						
	22a i certify th	at (I) (this	haspital\g	ttended the deceas	sed from	1.1 1				(26°1,1	9.68	, that	(!) (we	e) la:
	saw the de	ceased ali	ve an	1) (did not) view the	19_52 and	d that in (my) (aur) a	pinian	death c	iccurred an the	date an	d haur o	nd tra	m th
	22b. SIGNATURE—	X ubuve,	(i) (we) fair) (did not slew the	budy uner	Tegur.				22	C DATE S	IGNED		
		tha	m	In A	DEGR	EE ATTEN	DING X	MED DIRECTO	R 🗆	STAFF PHYS		5.	(8	
	22d PHYSICIAN'S	2 10	V V V	, ()			PDRESS**	parcora		~	1	1		
	NAME (Type)	D	R. LESI	LIE MILES			For	ace	ev	ung	M	val		
230	BURIAL, CREMATION,	23b D	ATE	23c NAME OF	CEMETERY OR	CREMATORY	,	23d	LOCATIO	N (City or Town)	((0)	inty)	(Stote)	
]	BUR LAL	FEB	. 3, 19	68 FBG.	MEMORI.	AL PAI				STBURG, M	D.			
24.	FUNERAL DIRECTOR	DIROR	CD	ADDRES		4 500	2So RECD			25b. REGISTRAF	S SIGNA	THRE	2	
	JUSEPH K.	DUKST	, SR.,	FROSTBURG,	MD 2	1532	DAFEE	36	196	B Full	res	A CO		

TO FUNERAL DIFFCTOR: After this certificate has b∎en sign∎d by the attending physician and campletely filled in by the Last director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages{1 should be filled with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME 20 DATE KNOWN A Month Dov Year (Type or Print) DEATH MATED Feb. 24. 1968 9:45A M JOHN of WELL TAM HUTSON deloy 4 RACE 6 AGE in years F LINDER I YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD HOURS JUV 22. 1880 LALE WHITE YRS land 2 with the State Deba 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form country) Purk (YILL) U. S. A. WIDOWED X DIVORCED [ALLINGANY Give Pages after death 10 CITY OR TOWN OF DEATH 1 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 12a uSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) STILLET give street oddress) CUABERLAND 3d INSIDE CITY EIM.TS? 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 13e STREET AND N. MRER 13b COUNTY YES 🕝 NO 🗀 BROOKS HOTEL 24 hours IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME SARAH HUTSON rd 'pmnding' in pencil in Chief Medicol Exominer's hours MELLOTTE pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS CU. SERLAND This certificate should be executed within (Yes, 19, or unknown) FIRS EDWA ID E. LITTLE LL3 PULAS: I MD. File CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH event with PART I. DEATH WAS CAUSED BY Lobar Pneumonia 10 Days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), writing the mord DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause shauld be forwarded to the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AuTOPSY? WAS PERFORMED? the certificote, YES X NO 21g EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Irem 18) WEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremotion, CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f . DCAT ON Street or R.F.D. No. City or Town County State factory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK the funeral director. Page 22a. I certify that I took charge of the remains described above, held an Autopsy IXX Inspection XX Inquiry XXI, and in my apinian Natural causes XX Accident . Suicide death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY February 24, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy O FUNE Health ADDRESS(Street, city, town or county) CLILLIFELL AD. NAME (Type) SKITARELIC. M.D. 23a BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOYAL (Specify) ROSENTLE CELET CULBARIA D ALLEGE Y 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) 1968 H. LEE SILCOX LOL DECATUR ST CURLILLA.D



	MAKTLAI	ND 2141F F	JEPAKIMENI	OF HEALIH		
DIVISION OF	VITAL RECORDS	, 301 W. PR	ESTON STREET,	BALTIMORE,	MARYLAND	21201
		CERTIFICA	ATE OF DEA	TH		

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				OLIVIII.	TORTE OF DEF	4414		043	1 79
I. DEC	CEASED-NAME	First	Middle		Last	20	DATE OF DEATH		2b HOUR
(Ty	pe ar print)	AMELIA	May		SACKSEN	2	778/- Manth 10	Day Year 45	135 M
3 SEX	(4. RACE	1.1		5 DATE OF BIRTH	188	6. AGE (In years		IF UNDER 24 HRS.
	Famel	4	icketz		14 4 20	7-158	last birthday)	YRS. // JY	HOURS MIN
7a. 81	IRTHPLACE (State or for	e gn 7b CITIZEN	OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 CO	INTY OF DEATH		
caunt	Me Ly blech	1	1, 5	WIDOWE			il die ?	new	** 1
10 (11	TY OR TOWN OF DEATH	cu	II. NAME OF HOSPITAL OF				UPATION (Kind of Work d		Md DUSTNIES OF
10 CH	TOR TOWN OF DEATH	/					warking life, gven if retire		BUSINESS DK
14	Mill Etille	w.	TAL/ SHABLE	2411	-7	Macc	27 it 6/4.	6217	a Kollet
13a U	JSUAL RESIDENCE (When	e deceased lived, it	institution Residence before	o#€ 13c, €ITY (1. / /	EDE CITY JIMITS?	13e STREET AND NUMBER	2	
a di i ii a	Sidily State Till	130.000	Well Gacey	(266	METLAND YES	NO .	26 380020	yll tille	lue
14. FA	ATHER S NAME Firs	t Me	ddle Las	st	15 MOTHER'S MAIDEN	NAME First	Middl	e	Last
	1741	294	KE:	116.5		Elegie	15/1/	A 41	offiza.
16a 1	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECUR		INFORMANT P. 6	Bex	5-49 (Adde	MISERIAN	W. M.
Ye	is, na, ar unknawn)	If yes give war or dates of ser	#20-52·	9835+	TALLEUR	MULTO	Wary I	VERMARY	PERMEN
	R CAUSE OF DEATH	(Enter columns come	per line far (a), (b), and	(4)		46	- 0	APPROX	MATE INTERVA.
	PART I. DEATH WA	S CAUSED BY:	per lille lai (a), (s), also	But to	20.1	40	•	BETWEENE	NSET AND DEATH
	4.1	IMMEDIATE CAUSE (o)	67.677	C SCHAL	1Cs		Malle	4. 47hc
	4/20), OR AS A CONSEQUENCE	OF	- 1 -	0,1 1	/ / .	. 0	
	Canditions, if any whi rise to immediate cal	th gave)	DE CK	T. 18.5.	EV K. 113	16 16	489-1916616	in Main	7 47acu
	stating the underlying		O, OR AS A CONSEQUENCE	OF		/		1	1
	last		0 25 2	witeter				1.48	sole .
	PART 2 OTHER SIGNIFE	CANT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMINAL DISEA	ASE OR CONDIT	ON GIVEN IN PART 1(a)	1	
-,	0)	14 167	plan 18	Julin S	undrame	,			
9	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?		206 IF YES, WERE FINDIN	IGS CONSIDERED IN CI	RTIFYING
CERTIFICAT				*	YES [7]	NO P	CAUSES OF DEATH?		
EE 1	210 ACCIDENT WAS UP	NDERLYING FOLK T	SME OF INJURY	210			e of injury in Part I or Pa	t 2 Item 19)	
	OR CONTRIBUTING CA	USE OF DEATH HOUR	A.M. Month Day Y		HOW HUNDEL OCCURRED	tulai udidi	s of month in Last 1 of Las	11 2, 110111 10.)	
	(If either, natify medic	ol examiner)	P.M.	19			2 - · · · · · · · · · · · · · · · · · ·		
2	21d. INJURY OCCURRED While Not while	21e. PLACE OF IN	JURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	I, FACTORY.) 21f.	LOCATION Street or R	FD. No.	City or Town	County	State
C	DI WORK OT WORK								,
	22a. I certify that	(1) (this hospitol	l) attended the dece	eased fram_	ALFE 13	, 1967.	to +18/ 16	19 <u>65</u> , that	(I) (we) last
	saw the dece	ased alive on	12-18	19 <u>- 2</u> , 0	ind that in (my) (ai	ur) opinion	death accurred on th	e date ond hour	and from the
		a abave, (i) (we)	(did) (did not) view t	ne body offe	er death			AA DAW CIAARD	
1	226 SIGNATURE	1 /1 -	turn C		ATTENDING F	MED.	STAFF C	22c. DATE SIGNED	,
<u> </u>	ACK	CC CC V	7700 160	DE	GREE PHYS. L	DIRECTO		2-16	-68
	22d PHYSIC AN'S NAME (Type)	1 1 1 1	The aure	page per	22e. ADDRESS	-	7	relac	
	17 19 27	5 host - H. 1	opper 1	INT			rechauf 1	7111.	
	BUR AL, CREMATION,	23b DATE		OF CEMETERY C		1	LOCATION (City or Town)	(County)	(State)
-	BENDYAL (Specify)	Feb.15,	1968 Rose	Hill	Cemetery	C	umberland A	llegany,	Md .
24 F	UNERAL DIRECTOR	F. Scarp	elli CuAPP	Frland	. 17 2	REC'D BY REGI		PAR S SIGNATURE	-1.
	O COMPO ES	z = -our p	orran a comp	OI TOHIO	DATE	CB 1 5	5 1968 ACC	CARCA YOUR	

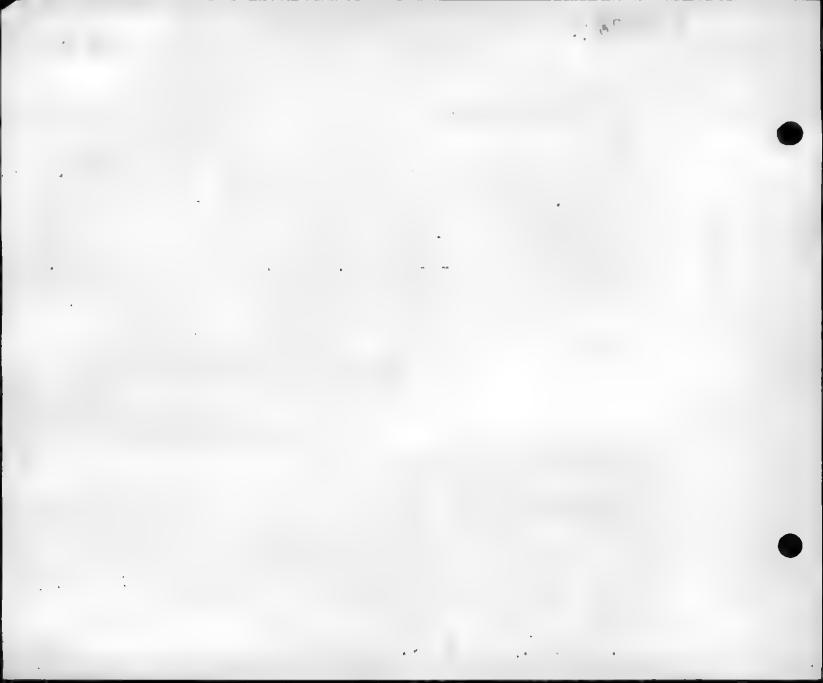
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fittled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, should be fited with the State Dept. at Health priar ta bur al, crematian, ar remaval, and in any event, within 72 h VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 DECEASED NAME Last 20 DATE KNOWNEX Manth Day Year (Type or Print) OF-EST -196812 KALBAUGH **JAMES** DEATH MATED 6 AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 4. RACE 3 SEX S. DATE OF BIRTH 6116-1897 WHITE MALE 7a B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH arm WIDOWED [ALLEGANY DIVORCED USA MARYLAND Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired) MEMORITAL HOSPITAL CUMBERLAND 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CTY OR TOWN \$3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY ALLEGANY 41 LLEWELLYN STREET MC COOLE YESX NO land 2 pencil in Item 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME MCINTEE LAURA KALBAUGH JOSEPH pages 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 215-10-8038 MEMORIAL HOSPITAL, CUMBERLAND, MD. APPROXIMATE INTERVA within 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ANASARCA. GENERALIZED DAYS MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PORTAL CIRRHOSIS Canditians, if any, which gove riserta immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20 AUTOPSY? 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21f LOCATION Street at R F D No 2 d IN...RY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, City or Town County State foctory, office building, etc.) WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy 💢, Inspection 📆, Inquiry 3: and in my apin an Natural causes T. Accident Suicide . Hamicide death resulted fram Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE FEBRUARY 27.1968 O DEPUT DEPUTY MEDICAL EXAMINER EXAMINER'S ADDRESS(Street, city town, or county) BALTO. PIKE, CUMB. NAME (Type) SKIAARELIC BENEDICT 23a BURIAL (REMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) 50 REMOVAL (Spec fy) 2/29/68 Filos Westernwert Md. 250 REC D BY REGISTRAR DATE EB 29 19 24 FUNERAL DIRECTOR **ADDRESS** 25b REGISTRAR'S SIGNATURE resturnport. Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9:8
HEALTH DEPT:	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Middle OF ESTI Month Do	(- · ·
Poge Poge	Harry Franklin Kifer DEATH MATED - /	الأرد والما و
delay is ond 3 to M3, Poge rtment at	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years of birthday) IF UNDER \$\frac{1}{2}\$ YEAR F JNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months Days HOURS MIN. Month Doy	Yeor 2d HOUR
y delc 2, ond PM3, I	Male White Aug. 5, 1915 52 PRS	19 " " N
- E De	70 B RTHPLACE (State or foreign 76 C T ZEN OF WHAT COUNTRY? B MARRIED NIVEYER MARR ED 9 COUNTY OF DEATH COUNTRY)	N.
after death 8. Give Poges 1, olong with form with the Stote De leath	ward and 15 A a legand	b KIND OF BUSINESS OR
death with the Store	give street address) during most of working life, even if retired) INC	DUSTRY
after dec 8. Give P olong wil with the !	Cumberland Sacred Heart Hospital Bobbin Stores C 130 USUA. RESIDENCE (Where deceased I ved, it institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY UNITS? 13e STREET AND NUMBER	elanese Cor
rs after 18. Gire e olong 2 with death	odm ssion) STATE Penn. 13b (OUNTY Bedford Artemas YES NO K)	
Tours Item 18 Office I and 2 v	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Franklin Kifer Melinda	Crabtree
d be executed mathin #4 d "pending" in pendi in Chief Medicol Examiner's transit permit. File pages y event within 72 hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes give wer or doins of service) ADDRESS (Yes, no, or unknown)	
muthin pencil Exomine File pogi	No 220-10-4576 Mrs. Eulah C. Kifer Artem	APPROX.MATE INTERVAL
be executed "pending" in itef Medicol Es ansit permit. Flevent within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
e executed pending' ir ef Medicol sit permit. I	MMEDIATE CAUSE (o) JOHN FEIT CONSULTATE TICK OF CE	1 1100.00
be expring the property of the	Gonditions, if any, which gove) OUE TO, OR AS A CONSEQUENCE OF RUPTURE OF DISSECTING ANEURYSM RUPTURE OF DISSECTING ANEURYSM	п
d b Chic Chic	rise to immediate couse (o),	
shauld be to word "pe or the Chief buriol-transit in any even	stoting the underlying couse DUE TO, OR AS A CUNSEQUENCE OF	
the shift to lite but and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
writing worded worded sed os (
is certificate to, writing the forworded to used os o tremoval, and	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d EXTERNA. CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY?
TINS (cate, be fo	WAS PERFORMEDY	YES NO 📉
4 20 9		1B }
INER: The certific line certific 4 should by triles a 3 should motion, or	CAUSE OF DEATH P.M. 19	
TATINER: Ite the certing 4 should your files Poge 3 should cremotian,	WHILE NOT WHILE factory, affice building, etc.)	County State
5 0 - 0	AT WORK AT WORK	
JICEL E dease execu director. Po etoined for DIRECTOR: f	220. I certify that I taak charge of the remains described abave, held an Autopsy , inspection , Inquiry , deoth resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	and in my op nior
	CHIEF MEDICAL EXAMINER	1
<u> </u>	ACTUAL STATE OF TATOLICE ACTUAL TYPICAL TYPICA	INED
ERA be	SIGNATURE MD ASSISTANT MEDICAL EXAMINER TO SEE SUARRY DEPUTY MEDICAL EXAMINER TO FEB. SUARRY	7. 1.68
necessary, p the funeral 5 may be re 5 FUNERAL Health prior	NAME (Type)	19 11 3YL
To the He	230 BUR AL CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d 10CAT ON (City or Town) (Co	aunty) (State)
	Rurial res. II, 1900 Staiset Memorial rark Wear Cumber land	
VR A15ME (5)	24 FUNERAL DRECTOR 250 REG STRAR 250 REG STRAR 250 REG STRARS SIG	NATURE
10M REV 1/68	John J. Hafer, Jr. 230 Barto Ave. Cumberland, Md FEB 1 3 1836	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01929 CERTIFICATE OF DEATH 01914 DECFASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR First requires that the death certificate be executed within 24 haurs after death (Type or print) FEBRUARY 23, ROBERT J. KILGANNON, FATHER S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4 RACE lost buthday) MALE WHITE 2-7-93 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARR ED 9 COUNTY OF DEATH papers. IRELAND WIDOWED [DIVORCED ALLEGANY 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20. USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddres ACRED HEART HOSPITALing most pletting the, even of retired) please remove carban CUMBERLAND CHURCH 13a. USUAL RESIDENCE (Where deceased lived, if institution in the property before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER RIDGELEY YES X NO 160 MAIN ST.RIDGELEY.WEST 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last **KILGANNON** CATHERINE HARTE andi SACRED HEARTHOSPITAL 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no or unknown) 233 -72 -2658 HOSPITAL RECORD-CUMB APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSEY AND CEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave burral-transit ase to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. State City or Town County While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 19 1/2 and that in (my) (aur) opinion death occurred on the date and haur and from the saw the deceased alive on 7 kauses stated above, (I) (we) (did) (did not) view the bady ofter peoth. SEGNATURE 22c, DATE SIGNED **ATTENDING** , page 3 be filed PHYS DIRECTOR 22e. ADDRESS 22d PHYSICIAN S NAME (Type) director, shauld b 23c, NAME OF CEMETERY OR CREMATORY MOVAL (Specifi **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

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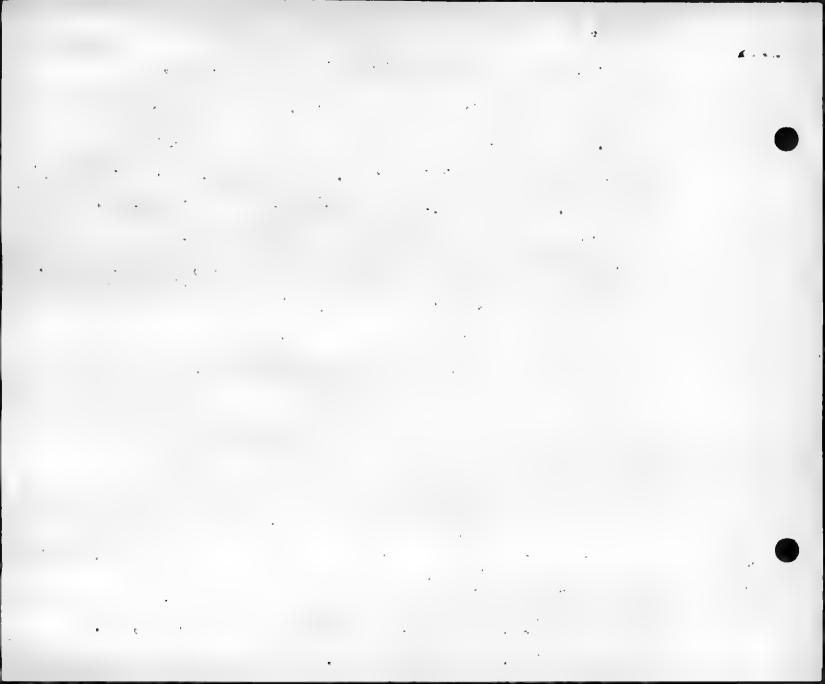
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			CERTIFI	CALL OF DEA	AIH		0192	31
1.	DECEASED NAME (Type or print) Edward	Mid	Kirkv	vood	20	2/10/1968	Doy Year	2b. HOUR
3.	SEX	4 RACE		S. DATE OF BIRTH		6. AGE (n years	F JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
	Male	White		12/22/3	1909	tost birthday)		nuuxs miei
	BIRTHPLACE (State or foreign 7	76. CITIZEN OF WHAT COUNTRY	7? 8 MARRIED	NEVER MARRIED		UNTY OF DEATH		
Çü	MD.	USA	D3WODIW	DIVORCED [Allegany		Md
10	CITY OR TOWN OF DEATH Lonaconing	11 NAME OF HOSP give street address	tal or institution (if	nat in haspital		CUPATION (Kind of work don working life even if retired Employee		F BUSINESS OR Oriver
13	a USUAL RES DENCE (Where deceased	d lived, if institution: Residen	ce befare 13c CITY O	R TOWN 13d IN	SIDE CITY LIMITS?	13e STREET AND NUMBER		
ād	Imission) STATE IND	13b COUNTY Alles	rany Lona	aconing YES	X NO	Railroad	ST.	
14	FATHER'S NAME FIRST	Middle		15. MOTHER'S MAIDEN		Middle		Last
L	John	Kirkwo		Ag	gnes (Gorrie		
16	So, WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b SOCIAL or dates at service)	SECURITY NO. 17.	INFORMANT	75.4	Address		20.
L	Yes, na, ac enknown) [If yes give war			La Vern	Kirkv	wood, Lonac		
Г	18. CAUSE OF DEATH (Enter only		o) and (c).)	,	^ ^	(WIFE)	APPROX BETWEEN	CMATE INTERVAL ONSET AND DEATH
L	PART I. DEATH WAS CAUSED !	BY: E CAUSE (a) LCC	C010	nany (30d	uction	3 V	us.
L	4129	DUE TO, OR AS A CONSEQ	UENCE OF	0	r ~			
	Canditiáns, if any, which gave a	(b) Coro	nary:	Insul	licie	ucu	6 h	W/S.
	stating the underlying couse	DUE TO, OR AS A CONSEQ	UENCE OF	med 1	10	V		
L	last.	(1) Coron		Phonos	dec.	2120	yea	210
П	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	ATH BUT NOT REDATED 1	TO THE TERMINAL DISE	ASE OR CONDIT	TION GIVEN IN PART I(a)	9	
3	5 / /							
CEDTIELCATION	190 DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20g AUTOPSY?	№ □	206. IF YES, WERE FINDING CAUSES OF DEATH?	IS CONSIDERED IN C	CERTIFYING
MEDICAL CE		HOUR A.M. Month D	ay Year	HOW INJURY OCCURRED	(Enter natu	ire of injury in Part 1 or Part	2, Item 18)	
ME	2.d. IN.JRY OCCURRED 21e Pl While Nat while at work			LOCATION Street or R	.F.D. No.	City or Town	County	State
П	220. I certify that (I) (this	hospital) attended the	deceased from		, 19 6 =	to Jeh. O.	1968, tho	t (I) (we) las
Г	220. I certify that (I) (this saw the deceased oliv	ve on Jeb	1968, or	nd that in (my) (us) opinion	deoth occurred on the	date ond haur	and from the
н	causes stoted obove,	(I) (999) (did) (did 1999) 4	iew the bady after	deoth.				
ı	226 SIGNATURE SA	miles	MA	11110	MED DIRECTO	OR STAFF 2	2c DATE SIGNED コートス・ (. 8'
	22d. PHYSICIAN'S NAME (Type) L.R.	MILES	R., M.D	22e. ADDRESS	SAC	ONING	MD	21539
23	d BJRIAL, CREMATION, 23b. DA		NAME OF CEMETERY O			LOCATION (City or Town)	(Caunty)	(State)
L		12/1968 0	ak Hill (Lonaconing,		
24	4. FUNERAL DIRECTOR		ADDRESS		REC'D BY REG	GISTRAR 256. REGISTRA	AR S SIGNATURE	466 th
	GEORGE EICH	HORN Lon:	aconing,	Md. DATE	EEB 1	3 1	~ / "	100

nuneral and 2 FORMORNITAL OR ATTINDING PHYSICIAN; The low requires that the death certificate be emanded within 24 llours ofter death." TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tyneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers, rages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle FOST 2o. DATE OF DEATH 2b HOUR . N requims that the death certificate be executed mithin 24 Maurs after death FEBRUARY (Type or print) SIMON KOCHMAN Pages 1 IF JINDER 1 YEAR 4. RACE 5 DATE OF BIRTH 6 AGE (In years 3. SEX lost biggedy) MONTHS 2-3-1882 WHITE MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED | NEVER MARRIED GER-MANY USA ALLEGANY DIVORCED [7] 120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital TO CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) MEMORIA remove carban CUMBERLAND 13c CITY OR TOWN 13d HISIDE CITY LIM TS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) STATE 136 COUNTY CUMBERLAND 111 N. CHASE STREET YES X **EGANY** and in any IS, MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Lost LOEB LEON MOCHMAN **JOHANNA** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown? MEMORIAL HOSPITAL. CUMBERLAND. MD. 1B CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: Myocardial I BETWEEN DINSET AND DEATH Myocardial Failure beginning Dec. 27, 1967 IMMEDIATE CAUSE (o) DUF TO, OR AS A CONSEQUENCE OF ?? Complete Left Bundle Branch Block signed by the buriel-transit p rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. 4- 2 2 / PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Hypertrophic Prostatitis, Bladder retention, Diabetes Mellitus, Infarct Right as the priartal has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES [certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED Stote City or Town County While Not white of work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased from Dec. 27., 19.67. ta Feb. 27., 19.68., that (I) (we) last saw the deceased alive an Feb. 27. 19.68, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated shave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR Feb. 28, 1968 DEGREE PHYS 22d. PHYSICUM'S 22e. ADDRESS NAME (Type) 50 PERSHING ST.. CUMBERLAND, MD. **JACOBSON** 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL (Specify

REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

VR A15 (4) 30M REV 178



by the funeral

ofter death

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate in executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—to shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within X2 haurs

MARYLAND STATE DEPARTMENT OF HEALTH

	91933	DIVISION OF	*		CATE OF DEATH	WOKE, MAKTLAND 21201	1200	0)
1 0	CEASED NAME First		Middle	CLKIIII	Last	2g. DATE OF DEATH	v152	2b. HOUR
	ype or print)		Wilddia			Manth Day	Year 68	
	- HILDA	li nice	ζ	KOE	LKER	02 23	15 UNDER 1 YEAR	6:20PM
3. SE	X	4 RACE			5. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
	FEMALE	WHITE			09-12-94	73 YRS		
	BIRTHPLACE (State or fareign intry)	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED 9	. COUNTY OF DEATH		
-	MARYLAND	USA		WIDOWED		ALLEGANY COUNTY		Md
10 (ITY OR TOWN OF DEATH		ME OF HOSPITAL OR IN: reet address)	,	nat in haspital 12a USUA.	OCCUPATION (Kind of work done	YSTZUGNI	F BUSINESS OR
	CUMBERLAND		CRED HEART			SEWIFE	HOM	E
13a.	USUAL RESIDENCE (Where deceases	ed lived, if institute 135 COUNTY	an Residence before	13c. CITY O				
odin	MARYLAND	Al Al	LLEGANY	CUM	BERLAND YES X NO	MECHANIC STRE	ET	
14.	ATHER'S NAME First	Middle	Last		IS. MOTHER'S MAIDEN NAME Fin	st Middle		Lost
	ERNST		JAHN		ELIZABETH		STRAUB	
	WAS DECEASED EVER IN U.S. ARM	AED FORCES?	16b. SOCIAL SECURITY		INFORMANT	Address		
	NO		220-03-72			900 SETON DR.CL	JMB. MD	21502
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	ly ane cause per in	e far (a), (b), and (c)	144000	DD LOS EXILLIDE		BETWEEN O	CMATE INTERVAL CINSET AND DEATH
	PART I DEATH WAS CAUSEI	D BY ATE CAUSE (a)	ACUTE	MYUCA	RUTAL FAILURE		2 0/	142
	v [®]		S A CONSEQUENCE OF					
	Canditians, if any, which gave		ARTERIOSC	LEROT	IC HEART DISEA	SE	10	YRS,
	rise to immediate cause (a), (stating the underlying cause(DUE TO, OR A	S A CONSEQUENCE OF DIABETES					
	lost. 1 2	(c)	DIABETES	WELL!	TUS		10	YRS
	PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		
	ENDERITIS OB	LITERANS,	GANGRENE	, RIG	HT FOOT 2 MO.	MID-THIGH AMPUTA	TION 2	DAYS.
ATIO			CH OPERATION WAS PE		20a AUTOPSY?	206 IF YES, WERE FINDINGS C	ONSIDERED IN (CERTIFYING
CERTIFICATION	2-21-68 G	ANGRENE,	RIGHT FOO	T	YES NO #	CAUSES OF DEATHONO		
E	21a, ACCIDENT WAS UNDERLYIN		INJURY	21c	HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M.	Manth Day Year		NONE #			
ME.	21d INJURY OCCURRED 21a	PLACE OF INJURY			LOCATION Street at R.F.D. Na.	City or Tawn	County	State
	While Not while at work	,	OTFICE BUILDING, ETC.			0 550		
	22o. I certify that (I) (the sow the deceased a	is haspital)_atte	nded the deceas	ed freso_		8, to FEB. 23, 19		(I) (we) last
	sow the deceased a	live an PEB	23,	19 68 al	nd that in (my) (org) opin	ion death accurred an the da	ite and hou	and from the
	Couses stated obove	e, (I) (we) (did)	did nat) view the	body offer	death.			
	226 SIGNATURE	There	read m	4	REFE DILVE ME	D C STAFF C 2	-25-68	
	200 PUNEVIANE		-	* DEC	Nurr LIII 7	KECTOK - PHIS -		
-	22d. PHYSICIAN S NAME (Type) JAMES	P. HALLII	NAN, M.D.		"140"BEDFOR	RD STREET, CUMB.,	MD. 21	502
23a.	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(Caunty)	(State)
	REMOVAL (Specify) Burial 2	/26/1968	Sunset	Memor	ial Park	Near Cumberland	Alleg	Md.
24	FJVERAL DIRECTOR	1. ()	ADDRESS		2Sa RECD BY	PEGISTRAP 256 PEGISTRAPS	SIGNATURE	
	starm U. 1	10-121			DATES	8 27 1958 " Jeli	arter x	43.00

VR A15 (4) 30M REV 1/68

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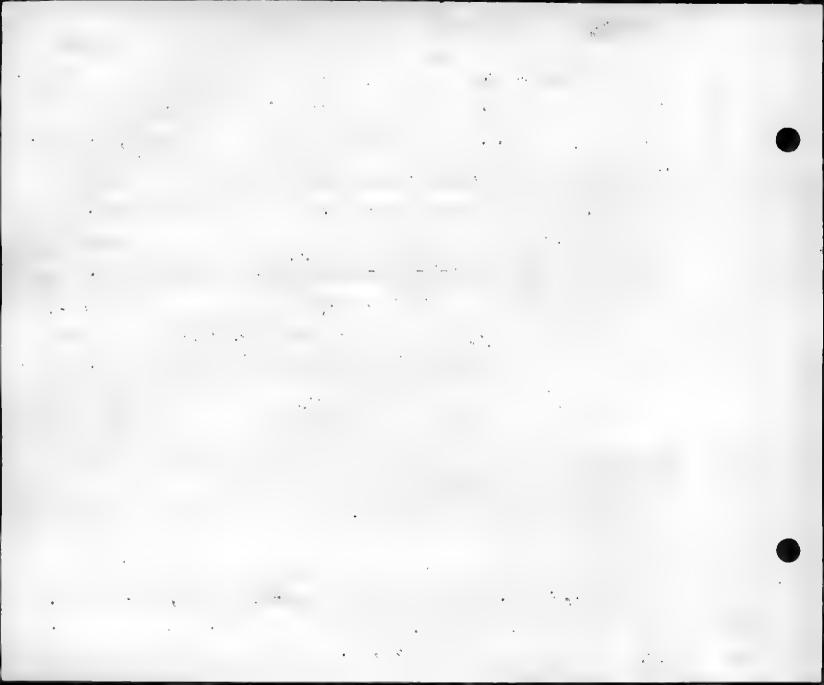
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31934 CERTIFICATE OF DEATH 1524 DECEASED-NAME First Middle 2a DATE OF DEATH 2 2b. HOURPIM (Type or print) Month Magdalene (Mrs) Kolberg 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF JNDER 1 YEAR MONTHS HOURS Female White 9/13/1877 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED [9 COUNTY OF DEATH country)Ohio U.S. Allegany County, DIVORCED [WIDOWED.X. Cumberland Md completely filled ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) remove carbon Cumberland Allegany County Infirmary Housewife cremation, or removal, and in any event, 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 215 Marvland Ave 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Last Lost pub Leslee Haning ng physicion a Then please r Minerva Brooks 17. INFORMANTP.O. Box 599 160 WAS DECEASED EVER IN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no ar unknawn) 220-10-7813D-1Allegany County Infirmary Records 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) the ottending BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE QU Conditions, if any, which gave) signed by the buriol-transit puriol, crematk rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stoting the underlying cause PART 2 OTHER SIGNIF CAME CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2) E HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 211 LOCATION Street or R.F.D. No. 21d INJURY OCCURRED Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 12/5 , 19 67 , to 2/19 , 19 68 , that (I) (we) last saw the deceased alive an 2/19 ______19 68 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS. PHYS 2/19/68 22d. PHYSICIAN'S Page 4 moy 22e. ADDRESS NAME (Type) John A Topper 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230 BUR AL, CREMATION 23b. DATE (State) 2/21/68 REMOYAL (Specify) St. Falling 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

requires that the death certificate lie executed within 24 hours lifter death.

OR ATTENDING PHYSICIAN:

30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and care director, page 3 shauld be detached far use as the bural-transit permit. Then please removed shauld be filed with the State Dept. af Health priar to burial, crematan, or remaval, and in any evi

Page 4 may be retained by the haspital ar attending physician.

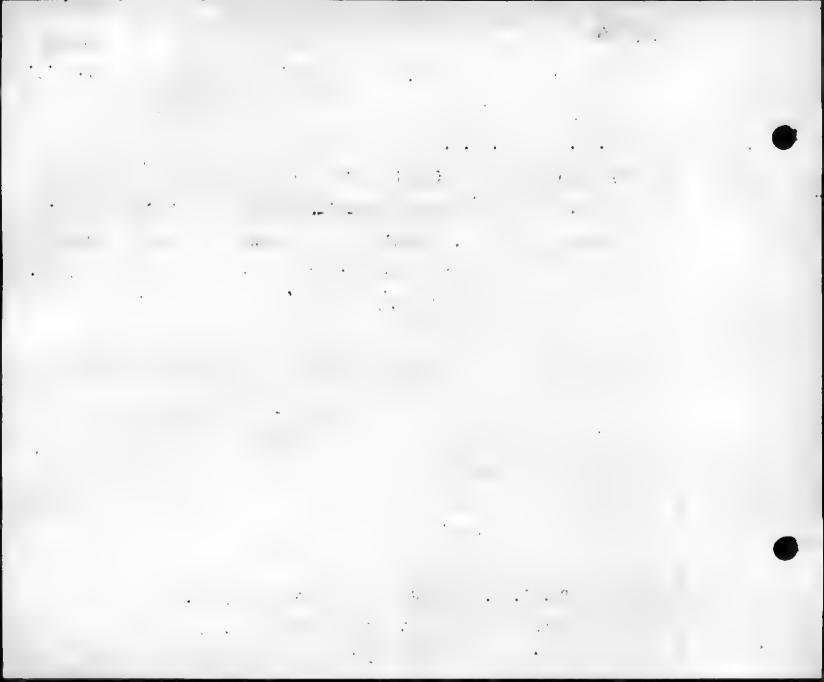
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AL	RECORDS.	301	W. I	PRESTON	STREET.	BALTIMORE,	MARYLAND	21201	

	97990			C	ERTIF	CATE OF DEA	HTA			1 1 1	26
	ECEASED NAME Type or print) NEI	First LL1E		Middle M.		Lest LEAS I	-	DATE OF DEATH Month BRUARY	18 ^{pay}	1 968	P 25/ HOUR 5:40
3 SE	FEMALE		RACE WHITE			S. DATE OF BIRTH	1903	6 AGE (In ye last birthda 64		FUNDER : YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
cani	BIRTHPLACE (State or fore arry) W. VA ITY OR TOWN OF DEATH			HOSPITAL OR INST	WIDOWE			LEGANY UNARCHERSON of world	k done	12b KIND O	M F BUSINESS OR
	CUMBER USUAL RESIDENCE (Where ssign) STATE	e deceased la	give street o	MEMOR	IAL 13c CITY O	HOSPITAL DR TOWN 13d IN		Working after even if re	etired)	RESTU	JRANT ST.
14. (FATHER S NAME First		AL L Middle	EGANY Last	CU	MBERLAND 15 MOTHER'S MAIDEN			iddle	ANU	Last
	WILLI			. LEA			ANNA			LAR	K
16a Y	WAS DECEASED EVER IN (es, na, orugknawn)	U.S. ARMED F if yes give wor or d		SOCIAL SECURITY NO 15 20 7	049	MEMORIA	L HOSE		dress MBER	LAND	MD.
			AUSE (a)	Clr	el-	al ant	nte	e ha	246		ONSET AND DEATH
	Canditions, if any, which rise to immediate cash stating the underlying	se (a), ((b) DUE TO, OR AS A CO	Cerci	tral	Hulo	nha	fe		20	r.
	last		(c)	119/4	ever	wow + D	Here	rbook		4	
NC	PART 2 OTHER SIGNIFIC	ANT CONDITION	ONS CONTRIBUTING TO	O DEATH BÚT NO	T RELATED	TO THE TERMINAL DISE	ASE OR CONDITI	ION GIVEN IN PART 1(o)			
CERTIFICATION	190. DATE OF OPERATION		OITION FOR WHICH OPI			20a. AUTOPSY? YES	NO 🗀	20b. IF YES, WERE FIN CAUSES OF DEATH?			CERTIFYING
MEDICAL CE	21a ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, natify medica	ISE DE DEATH of examiner)	P M.	nth Day Year 19				e of injury in Part I ar	Part 2, Ite	m 1B.)	
M	21d. INJURY OCCURRED While Not while at wark	J				LOCATION Street or R		City or Town		County	State
	22a. I certify that saw the dece causes stated	ased alive.	ospital) attended on (we) (did) (Qid n	7/18/19	620	nd that in (mv) (o		death occurred on		and hour	
	22b. SIGNATURE 22d. PHYSICIAN'S	lu	Mesu	ean	DE	GREE PHYS 22e. ADDRESS	MED. DIRECTO	R STAFF PHYS	22c. DA	TE SIGNED	58
	NAME (Type)	DR.	S. G. WI	ELSMAN			ERLAND	MD			
23a	BURIAL, CREMATION, RENOVAL (Specify)	236 DATE FEB?	21,1968	23c NAME OF CO		R CREMATORY MORIAL PA		LOCATION (City or Tow UMBERLAN)	'	(County)	(State)
24.	FUNERAL DIRECTOR BYRON	KIGH'		ADDRESS CUMB			REC'D BY REGI	STRAPO CO 25b REG		GNATURE	S :

VR A15 (4) -30M REV, 1/68



01337 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1192 20 DATE OF DEATH **DECEASED-NAME** First Middle Last 2b HOUR after death pup (Type or print) 1968 L1:30 MA Arthur February Lemmert TELMOER YEAR 5. DATE OF BIRTH 6. AGE (In veers IF HINDER 24 HRS 3. SEX 4. RACE offer last birthday) NONTHS HOURS papers. Page hin 72 haurs c Feb. 10, 1883 Male White 7g. BIRTHPLACE (State of foreign 7b. GT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haur 8. MARRIED 🔀 NEVER MARR ED 🦳 completely filled in rountry) WIDOWED DIVORCED [Allegany ar remaval, and in any event, within 72 Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of warking ife, even if retired) remave carban Frostburg Miners Hospital Locomotive Engineer 13g USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 113c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY L # TS? admission) STATE Savage 14 FATHER'S NAME First Middle Last S MOTHER'S MAIDEN NAME First Arthur Jacob Elizabeth Lemmert 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, na, ar unknown) (If yes give war as dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknown) 712-14-1565 Savage Mrg Pickerel 1 APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) cremation, Conditions, if any, which gave) burial-transit rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying causei signed t burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p use as the talth prior talth has been 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? Health p YES 🗔 NO 50 io FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us be retained by the hospital ar 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year ď (If either, notify medical examiner) P.M. State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING FTC While Not while at work ATTENDING 22a. I certify that (I) (this hospital) attended the deceosed from 12-17 1967 to 2-14 2-14 1965, and that in (my) (our) opinion death occurred on the date and have and from the sow the deceased glive on... 3 shauld I with the S couses stoted above, (I) (we) (did) (did not) view the body after deoth 22c. DATE SIGNED 22b. SIGNATURE director, page 3 shauld be filed v DIRECTOR PHYS Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or 23a. BURIAL, CREMATION. 23b DATE NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) Md Frostburg Alleg Frostburg Memorial Park PATE B 19 REGISTRAR S SIGNATURE 24. FUNERAL DIRECTO Cumberland, N

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MARYLAND STATE DEPARTMENT OF HEALTH

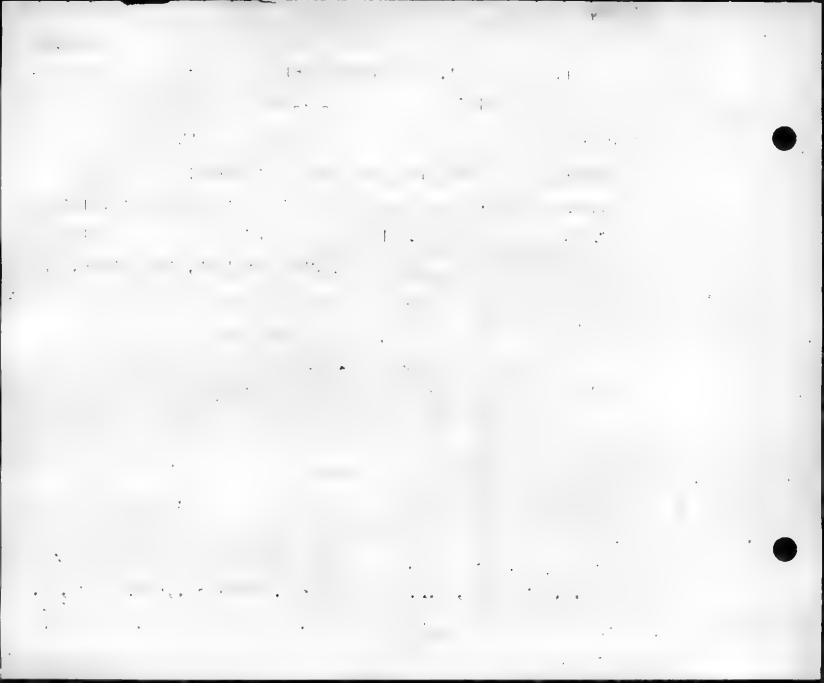
VR A15 (4) 30M REV 1/68



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FOR STATE	en'	Item#5Fi	Lm/ 3397		AL EXAM							(1 h	:28
HEALTH DEPTE		DECEASED NAME (Type or Print)	FUL		EDI.RD	I	Ed IS	st	2	OF ESTI- OEATH MATED	I Feb.		68 7 P
PAR Pa			RACE HITE	FEB. 5	TH 27, 19]	GAGE (n year last butteday)	MONTHS	EAR IF UNDER HOURS	24 HRS 2	Month FEE		Yeor 19	24 HOL
- a	7a cou	B RTHPLACE (State or ntry) W. Va.	fareign 75	USA	IAT COUNTRY?		ARR ED MEVE	R MARRIED DIVORCED		Y OF DEATH ALLEGAN	Y		٨
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hours after Item 18 Giv Office along I and 2 with i	136	USUAL RESIDENCE (admission) STATE	Where decease RY1.=1ND	d lived, if institution 13b COUNTY#1	utian Residence	before 13c. (†	Y OR TOWN	134 INSIDE CITY	1 MIY5? 1;	Se STREET AND	T. EXT		
	14.	FATHER'S NAME	OHOLAS	Middle	LEVIS	Lost 3	15. MOTHER'S	MAIDEN NAME	First	IΈ	Middle	IMONS	Last
I within 24 n penal in Exominer's F le pages n 72 hours		WAS DECEASED EVER (Yes Yes Yes Unknown)		DRCES? ar or dates of service)	16b SOCIAL SECU 232 OS		17 INFORMANT HIZEL 1		FR	ATT ST.	DRESS TXT	LUYE, M	i.
		18. CAUSE OF DE			ine for (o), (b), a	,						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
execute nding Medical perm t		PAKI I, UŁAI	H WAS CAUSED IMMEDIAT	F CAUSE (n)		OORON	RY OCC	USION		· · · · · · · · · · · · · · · · · · ·		នបា	DDEN
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s cert e, writ farwa e used emova	CERTIFICATION	19a DATE OF OPER	AT-ON		19b CONDITION WAS PERFO		PERAT ON					20. AUT	OPSY?
thing the part of	MEDICAL CERT	210 EXTERNAL CAU PRIMARY OR CO CAUSE OF DEATH				ıy, Year	21c HOW INJUR	RY OCCURRED (E	nter nature	af in Jry in Parl	1 or Part 2,	Item IB.)	
EXAMINER: cute the certitoge 4 should ryour files.: Page 3 should, cremation,	CEW	2.d N.JRY OCCUR WHILE HOT W			At home, form, st	reet,	21f LOCATION S	itreet ar R F D No)	City or Town		County	State
cecut Pog for y R: P.				ak charge af t	he rema ns de	scribed aba	ve, held an	Autapsy 🔲,	Inspe	ection 🔀,	Inquiry [and i	n my apinta
DICA OSE E) rector sined RECTC		death resul	ted fram	Natural caus	ses 🔄 , Aci	cident 🔲,	Suicide [], Hamici	de 🔲,	Undetermin	ed manner		
ple din		ACTUAL SIGNATURE	312000	dict	Spira	2.0:	/ , ,,	CHIEF MEDICAL ASSISTANT MEE		NER 🗍	22b. DAT I	E ALGNED _	
necessary, the functory S may be rooted Functory of Functory Health print		EXAMINER'S NAME (Type)	BINEDI	ot skit	ARELIO			DEPUTY MEDIC ADDRESS(Stree	AL EXAMINE	R 🖄 a		signed 15,68 and,11d.	
To To The	23	BURIAL (REMATION REMOVAL (Specify)	, 23b C		inR.	oulla di	Y OR CREMATOR			OCATION (City of	Tawn)	(Caunty)	(State)
VR A15ME (5)	24	FUNERAL D RECTOR	1		"ALTUR	ADDRESS PORT, 1	ld.	250 REC	D BY REGIS	TRAR 256	REGISTRARS	5 GNATURE	



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£ 175	-X	I DE	CEASED NAME First		Lost	2a DATE OF DEATH	2b. HOUR
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within 24 haurs tely filled in by than pagers. Po		7o B coun	IRTHPLACE (State or foreign try) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		A
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ecuted with campletely ove carbar	event,		LSUAL RESIDENCE (Where deceases on) STATE MARYLAI	sed lived, if institution, Residence before	CUMBERLAND YES	SIDE CITY LIMITS? 130 STREET AND NUMBER AT	Lgonguin Hotel
and c	ge 1	14. F	ATHER'S NAME First RUBEN	Middle Lost	1S. MOTHER S MAIDEN	NAME First Middle SARAH	HIRSH
physician please	al, and		WAS DECEASED EVER IN U.S. ARI		NO. 17 INFORMANT	. HOSPITAL, CUMBER	
requires that the death certificate be executed physician. signed by the attending physician and completeurid-transit permit. Then please remove ca	crematian, ar remavai,		PART I DEATH WAS CAUSE	nly ane cause per time for (a), (b), and (c) D BY: ATE CAUSE (a)		ılm	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 25 G2CF C
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<u></u>	ta burio	7	PART 2. OTHER SIGNIFICANT COIL	NOTIONS CONTRIBUTING TO DEATH BUT N		EASE OR CONDITION GIVEN IN PART 1(0)	
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CIAN: lital or hificate	of Healt	ਭ	21a ACCIDENT WAS UNDERLYIN ☐ OR CONTR BUTING ☐ CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Month Doy Year		D (Enter nature of injury in Parl 1 or Port 2, 1	fem 18.)
PHYSI ne hasp this cer	Dept. o	MED.		. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		R.F.D. No City or Town	County State
TENDING ned by the R: After a	the State		22a. I certify that (I) (the	is haspital) attended the deceas live on	ed from 7 7400. 965, and that in (my) (e body after deoth.	, 19 <u>4-7</u> , to <u>15 Free</u> , 19 <u>4</u> pur) apinian death occurred an the do	6 & , that (1) (we) late and hour and from the
OR ATTER be retaine DIRECTOR:	ed with		22b. SIGNATURE	Var Olmos, n.	DEGREE PHYS.		DATE SIGNED Le Fret. 68
SPITAL 4 may IERAL I	pe fil		22d. PHYSICIAN'S NAME (Type) W.A.			S. CENTRE ST., CUMBI	ERLAND, MD.
TO HOSPITAL Page 4 may 1 TO FUNERAL D director, pag	Shoul	23a		DATE 230 NAME OF EAST V	CEMETERY OR CREMATORY TIEW Cemetery	23d LOCATION (City or Town) Cumberland	(County) (State) Alegany Md.
VR AT	13/3/1	24.	FUNERAL DIRECTOR	ADDRESS	250.	REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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3. SEX				4. RACE			S DATE OF BIR			6. AGE	In yeors	IF UNDE	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.
Fem	ale			White)		8/27/3	1879,		788"	rthdoy) YRS.	MONTHS	PALI	HOUKS	anire,
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	or town o				AME OF HOSPITAL OR INS street oddress) Legany Cour			120 USU during n	AL OCCUPATI	ON (Kind of ing life, ever	work done if retired.)		KIND OF USTRY	BUSINESS	OR
	JAL RESIDEN n) STATE	CE (Where o	deceosed	101 COUNTY	lion: Residence before	13c. CIY C		A INSIDE CITY I		STREET AND	NUMBER Agewoo	d Av	те.		
14. FATH	IER'S NAME	First		Middle	lost		IS MOTHER'S MAI	DEN NAME			Middle			Lost	
Jo	hn				Gorman		Ma	argare	et v	Ve gmar	1	X	XXX	Á.	
160. WA	S DECEASED no, or unkno	EVER IN U. wn) (If y		or dates of service)	166 SOCIAL SECURITY 212-54-82		P.O. BOX	legan	v Cour	ity In	f Address r	y R	ecor	ds	
18.		EATH WAS	CAUSED I	EXECUSE (o)	ne for (o), (b), ond (c)		Iva	- 2	nf	سر	~		APPROXIA	MATE INTERV MSET AND DI	
rise sto los	-	liote couse nderlying c	(o), (ouse	(b) DUE TO, OR (c)	AS A DONSEQUENCE OF	ral	لعو	(N	lin	val	ws		7	pr	
	ART 2 OTHER		IT COND	ITIONS CONTRIBU	TIME TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION G	IVEN IN PART	I(o)				
CERTIFICATI(), DATE OF O	PERÁTION	19b. CO	INDITION FOR WI	IICH OPERATION WAS PE	RFORMED	20g. AUTOP:	SY? No 🔀	1001	. IF YES, WEF USES OF DEAT	RE FINDINGS (H?	ONSIDER	ED IN CE	RTIFYING	j
3 0	o. ACCIDENT or contributi either, notif	NG CAUSE	OF DEATH	215. TIME O HOUR A.M. P.M.	F INJURY Month Day Year		HOW INJURY OCCU	RRED (Ente	ir noture of i	njury in Port	1 or Port 2,	Item 18)		
Whot v	d. INJURY C	work			AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.					City or Town		Coun			tote
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220	NAME (TY	pe)	e	ORge	M. Sim	BNS	22e ADDR	ESS S	July	115	rapi	الما	Cur	nl.	11
230. BU BRE	RIAL, CREMA MOYAL (Spec	TION, :ify)	236 DA Marc	h 1,19	66 SS. P		& Paul		Cumb		nd,All	-	n, l		
24 FUN	James	OR F.	Scar	rpelli,	ADDRESS Cumberla	ind, l	ld.	SO. REC'D I	R REGISTRAL	1968	REGISTRARS	SIGNA	JREY ac	der	

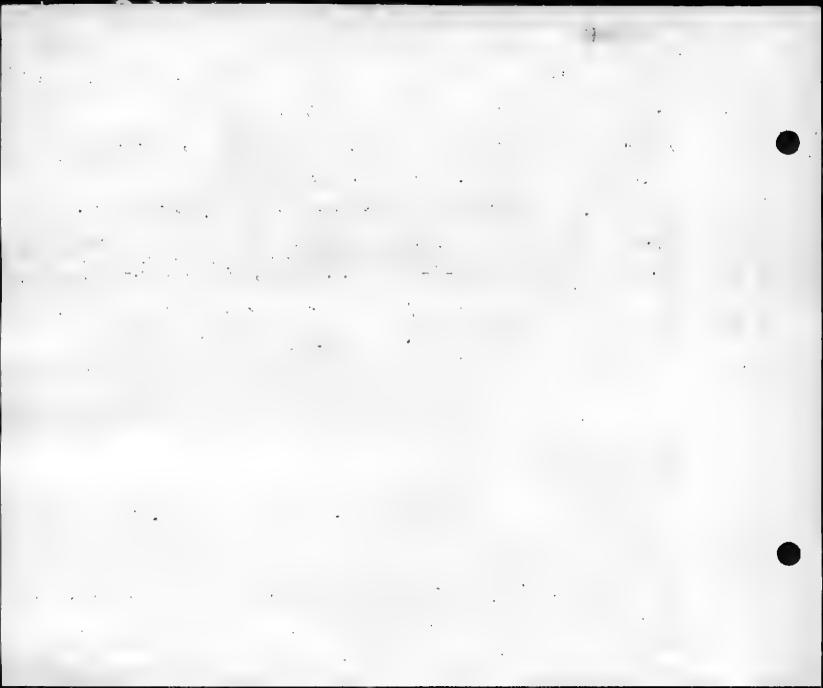
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled for director, page 3 should be detached for use as the burnol-transit permit. Then please remove corban pagers should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 h VR A15 (4). 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be anecuted within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

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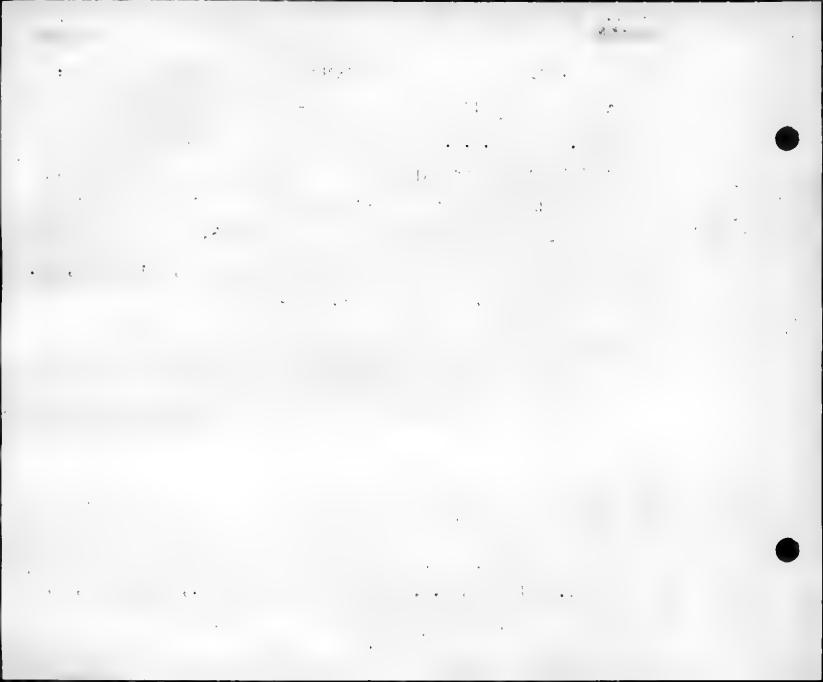
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01930

/ K		1	01027		CERTII	ICAIE OF DEATH		4.994
75.4	1		CEASED-NAME First		iddle	Last	20 DATE OF DEATH	Day (O Year O D F D)
ar death			RAY	MOND	MAC	DONALD	F E1800125	Day 68 Year 8: 25 PM M
empletely filled in by the Par ve carban papers Pages I event, within 72 haurs affer		3 SE	MAL E	4. RACE WHITE		8-14-C	6 AGE (In years last birthday)	IF UNDER 1 YEAR 1F JINDER 24 MRS MONTHS DAYS HOURS MIN
agr.	ı	7a B	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTE	RY? B MARR	ED X NEVER MARRIED	9 COUNTY OF DEATH	13.
in 27		coun	PENNA.	U.S.A.	WIDOW		ALLEGANY	Md.
r filled n pape ithin 72		10 C	TY OR TOWN OF DEATH CUMBERLAN	11 NAME OF HOS	PITAL OR INSTITUTION		UA. OCCUPATION (Kind of work do most of work ng life, even if retired	ne 12b. KIND OF BUSINESS OR
etery arbo *, v	1	190	ITSLIA RESIDENCE (Where decense	of bred if institution Pas de	DRIAL	OR TOWN 13d INSIDE CITY	SPATCHER LIMITS? 13e STREET AND NUMBER	RAILROAD
			ssian) STATE MARYLAN	D3b. COUNTY LLEGA			NO ☐ 723 GEPH	ART DRIVE
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ease	ı	160.	WAS DECEASED EVER IN U.S. ARM		AL SECURITY NO.	17. INFORMANT	Address	
physi en pl aval,		Y	es, na or unknawn) (If yes give we	or or dates of service) 705	10 6905	MEMORIAL	HOSPITAL, CUME	ERLAND MD.
, the attending p nsit permit. The ematian, ar rema			18. CAUSE OF DEATH (Enter on a	ane cause per line for (a), I		20 0-		APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
attendi permit. lan, ar r			IMMEDIA'	TE CAUSE (a)	ling	The second		- hom
e al			Canditians, if any, which gave	DUE TO, OR AS A CONSE	QUENCE OF			
y th	1		nse to immediate cause (a),	(b) DUE TO, OR AS A CONSE	OLIENCE OF			
8	1		stating the underlying cause	(c)	ADDITE OF			
signed by the burial-transit burial, cremal	-1		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
en s d ac ta b		8	/ (
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Se (설	2				YES NO	CAUSES OF DEATH?	
for for the factor of the fact		MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth	Day Year	HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Part	2, Item 18.}
fter this certi be detached State Dept. a	1	WEI	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY,) 21	F. LOCATION Street or R.F.D. N	la. City ar Tawn	County State
this detac	П		gt wark at wark			1	1 1	- (
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	1		sow the deceosed of couses stated above.	(I) (we) (dud) (did not)	view the body off	ውስብ that in (ያhy) (our) o er deoth.	pinion death accurred on the	date and hour and from the
Sheel Freel	1		22b SIGNATURE	10	for A			2c. DATE SIGNED
e 3	1		05200	Alm	Medi	EGREE PHYS	MED STAFF DIRECTOR PHYS.	2-16-64
AF 1	-		22d PHYSICIAN'S NAME (Type) B - 5	CHINDLER, V	l D	220. ADDRESS 69 GRE	ENE ST., CUMBE	RI AND MD.
o FUNERAL DIRE director, page 3 shauld be filed v								
TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the		236.	BURIAL, CREMATION, 23b D REMOVAL (Specify) UR LA L FE		NAME OF CEMETERY		23d tOCATION (City or Town)	(County) (State)
	`		FLINERAL DIRECTOR	3.2 8. 1968 SU	NSET MEMO ADDRESS	HOLAG PARK	CUMBERLAND, M BY REGISTRAR 25b REGISTRA	R S SIGNATURE
VR AT5 4] 30M REV 1/68			BYRON KIGHT	CUMB	ADDRESS ERLAND, M	D. MEER	29 1968 200	was freeting "

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.



INTERIEVENCE After this certificate how been signed by the ottending physician and completely filted in by the functor director, page 3 should be detached for use as the barial-transit permit. Them please manure carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO MOINTAIL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 mmy lie retained by the liaspital or attending pilysician

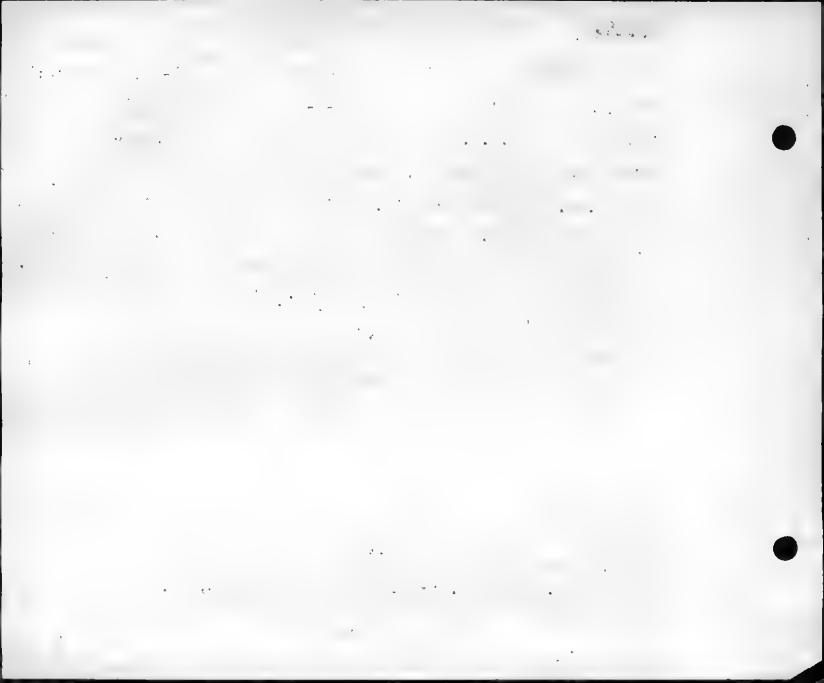
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

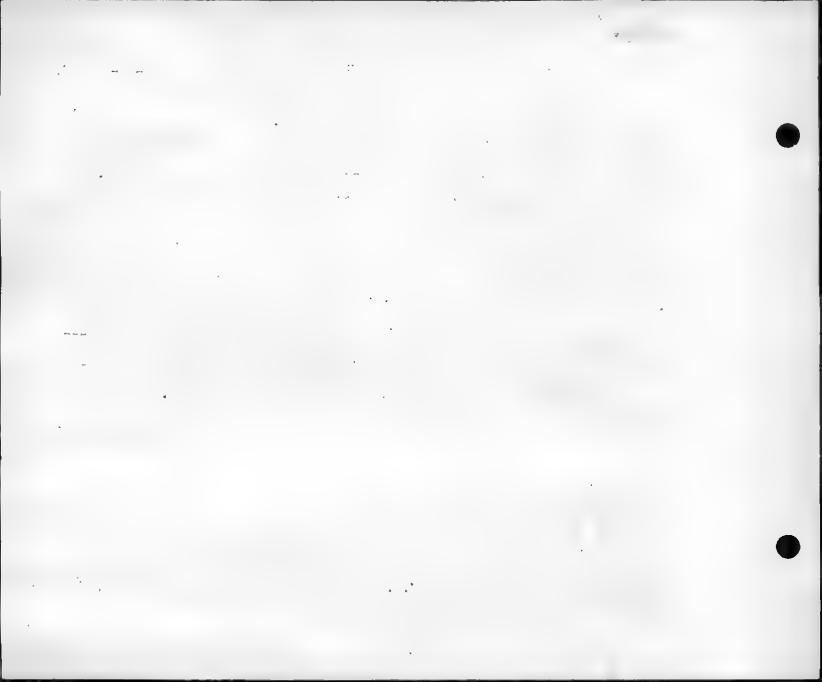
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Ye	WAS DECEASED EVER as no, or unknown)		D FORCES? or dates of service)	None	NO 17	MEMOR	PIAL	HOSP	ITAL	Address CUME	BERLAN	D,	
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ਭ	21o ACCIDENT WAS CIP OR CONTRIBUTING C (If either, notify me	CAUSE OF DEATH	HOUR A.M.	Month Doy Year		HOW INJURY OC	CURRED (I	Enter noture	of anjury an Port	l or Port 2,	Item 18)		
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	22d. PHYSICIAN S NAME (Type)	DR.	ROBER	T D. BRO	DELL	22e. ADI	CUM	BERLA	ND, MD	•	<u> </u>		
	BURIAL, CREMATION, REMOVAL (Specify) BUIT 19			968 Hill	crest	R CREMATORY Buriel	Park		Cumberl	and	(County)	(Stot	te) Id.
	FUNERAL DIRECTOR			ADDRESS			2So. REC	'D BY REGIS	1988 1988 1988 1988 1988 1988 1988 1988	REG STRAR'S	SIGNATURE	ing got	, ,
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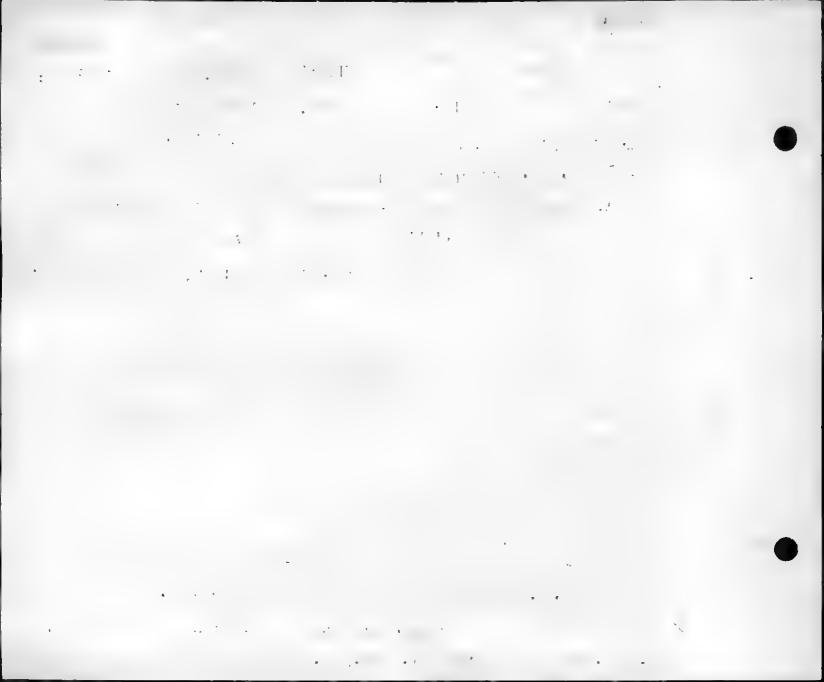


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32363 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME Fist Middle 2a DATE KNOWN X Manth Day Year 2b HOJR (Type or Print)-DEATH MATED 2-17-68 Edward Miller Page 3 to IF UNDER 1 YEAR 3 SEX 4 RACE S DATE OF BIRTH IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 6 AGE (In years 2d HOUR 2, and PM3. F last birthday) Male White April 10, 191 7a BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K 9. COUNTY OF DEATH Give Poges 1, (auntry) D VORCED WIDOWED Allegany hours after death 10 CITY OR TOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in hosp to 12g USUAL OCCUPATION (Kind of work done Office olong with 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Frostburg 13d. INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before) 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE Marvland 13b COUNTY Garrett Grantsville YES AND Item 18. and 2 IS MOTHER'S MA DEN NAME 14 FATHER'S NAME should be forworded to the Chief Med tol Examiner's hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b SOC-AL SECURITY NO. 17 INFORMANT ADDRESS be executed within (Yes, na. ar unknawn) (If was give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per sine far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY pending Occlusion, Sudden Coronary IMMED ATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Thrombosis, Right Cand teans, fairly which dave Coronary rise ta immediate cause (a). word This cert ficate should DUE TO OR AS A CONSEQUENCE OF stating the underlying couse Arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Cardiac Hypertrophy, right; Emphysema, bilateral, Marked. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AJTOPSY? WAS PERFORMED? YES [X] NO 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day Year 21c HOW HAJURY OCCURRED (Enter nature of in any in Part 1 or Port 2, Item 18.) may be retained for your tiles. FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d IN.JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE HOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection X. Induity KXL and in my apinian the funeral director Natural causes XX. Accident . Suicide . death resulted fram: Hamicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE ___ February 17. 1968 DEPUTY MEDICAL EXAMINER A 5 may 70 FUNE Health Benedict Skitarelic, M.D. ADDRESS (Street, city, town, or county Cumberland, Maryland NAME (Type) 23g BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Spec fy) 24 ELINBRA, DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR'S SCHATUR

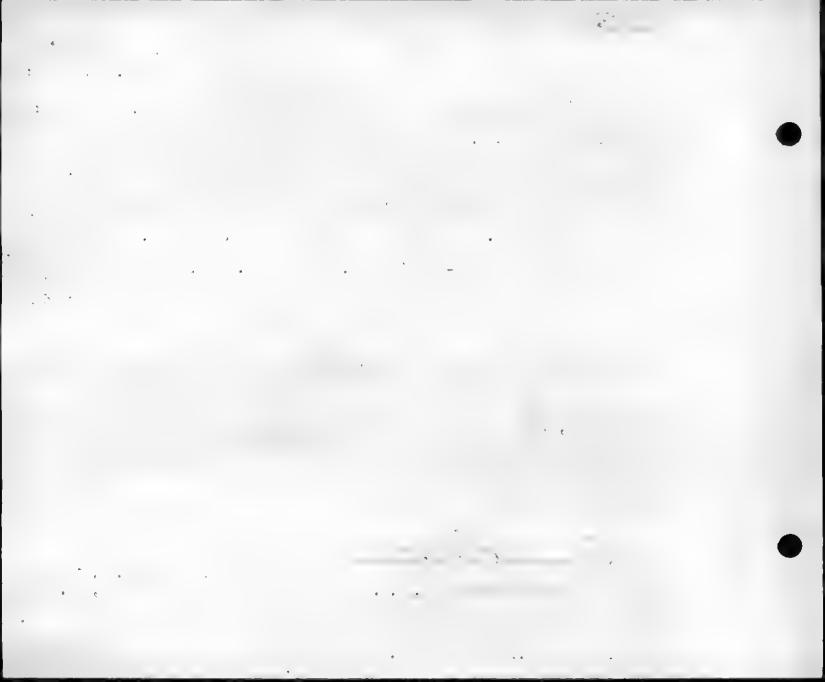
MARYLAND STATE DEPARTMENT OF HEALTH



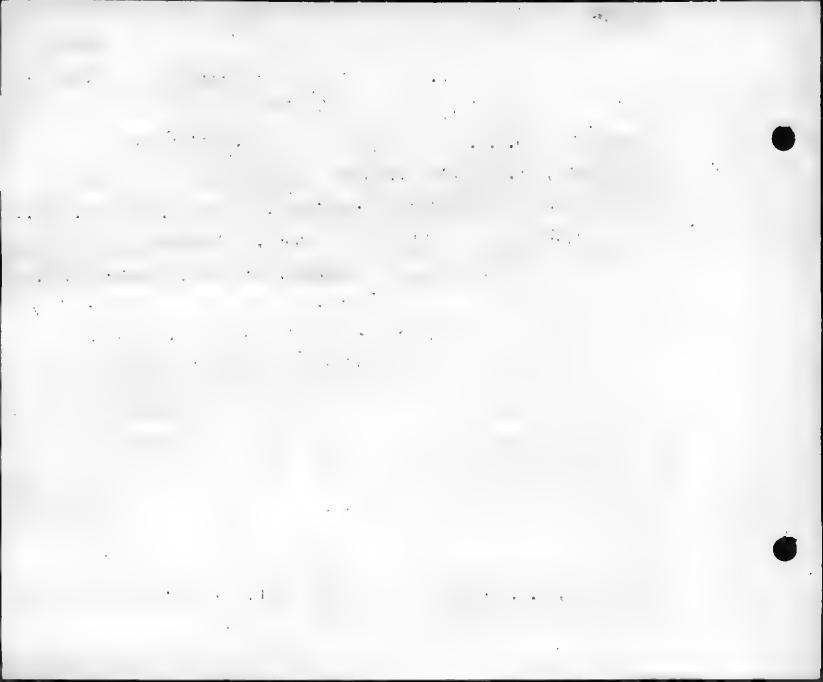
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Page O FUN direct shoul	23a BJRIAL, (REMATION, 23b. D/		23c. NAME OF				EOCATION (City or Town)		(State)
5 5 ± ½		(Specify) 2/8	/68	Braddo	ck Cer	netery		nkin,	Pen	na.
VR A15 (4)	24. FUNERAL			ADDRESS			ATE FEB	1958 REGIST	RARS SIGNATURE	CAR.
30M REV 1/68	Phili	p B. Wendt	121 Mem	orial Ave.	Cumi	0., Md. D.	ATE FLD			(J



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1934
HEALTH DEPT	BECEASED-NAME First Middle Lost 20 DATE KNOWN Manth D.	oy Yeor 25 HOJR
af af	OF ECTI	23, 19 688:26
and 3 ta and 3 ta M3. Page	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years I F UNDER 1 YEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
	Male White 7/24/1892 75 YRS February 23	1968 B:204
E 0 B	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Pagins lith farr	Maryland U. S. A. WOOMED DWORLD Allegany	M
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haurs Item 18 Office Jand 2 v	Maryland Allegany La Vale 15 MOTHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
	George W. Moon Lucretia A.	Savage
= 9 =	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Md
mathin pencil xamine ile page 72 hau	(Yes, ng, ar unknown) (If yes give war or dotes of service) Yes W W 1 214-07-0698 Mrs. Elizabeth B. Moon. 314 Nat 1	Hwy LaVale
ed mut in pe I Exar I Exar in 72	18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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EXAM ute th age 4 your Page ? crem	WHILE NOT WHILE foctory, office building, etc.)	,
O	220 I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X.	and in my ap.nion
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ecessary, please ne funeral directo may be retained FUNERAL DIREC	ENROLLIS A	3, 1968
necessary, please e the funeral director 5 may be retained 10 FUNERAL DIRECT Health priar ta bu	NAME (Type) Benedict Skitarelic, M.D. ADDRESS(Street, cty, town, or county) Cumberland	
10 10 10 10 10	Burial 2/25/1968 North Glade Cemetery Near Swanton Ga	rrett Md.
A STATE OF	24 FUNERATION COR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRARS SIG	NATURE
10M PEV 1.68	John J. Harery Jr., 230 Baroo Ave., Oumber Lathan 12	2
	Md.	



		Siste				PARTMENT OF			-	-
of men .		Item 15 Film	DIVISION OF V	ITAL RECORDS,	301 W. PRES	TON STREET, BA	LTIMORE, M.	ARYLAND 21201		
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专 写着了			Eirst	Middle	4.00.4	cast	2a. DATE	Manth Dov	Yeor	2b HOURA
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offer he fu ges l after	3 \$8	FEMALE	4. RACE WHIT	F		1/25/188	2	day birthday)		LNOER 24 HRS.
urs our	70	BIRTHPLACE (State or foreign					9 COUNTY O	IKS.		
24 Pers.	COU		U.S.A		WIDOWEDX			GANY COUN	ITY	Md.
·音 春 春	1D. (CUMBERLAN	31 NA	AE OF HOSPITAL OR INS	OSPITA		UAL OCCUPATION	N (Kind of work done prints even fretired)	12b KIND OF BUS	MESS OR
S S S S S S S S S S S S S S S S S S S	13o. adm	USUAL RESIDENCE (Where d	eceased lived, if institutio	n: Residence before		vre rik	_	STREET AND NUMBER		
executed rnd comple remove co		STATE MARYLA		LEGANY		BERLAND.	NOS	09 E. F.PS	T-ST-CU	MD.
ex non	4	ATHER'S NAME First	Middle	Last		OTHERS MA DEN NAME	terst	Middle		ast
ote be	L		IROD		TLE	HUFF	, /5/		lotta	
death certificote be the death certificote of the death of the please removal, ond in	16a.	WAS DECEASED EVER IN U.S. es, no, or unknown) (Hyer	ARMED FORCES?	166 SOCIAL SECURITY N	0. 17. INFO	RMANT	•	Address		
phy en p		7, 7, 10			<u> </u>	EMORIAL	HOSPIT	AL CUMBE	RLAND-M	D
se death cei ottending p permit. The		18. CAUSE OF DEATH (Ent	er only one couse per line	far (a), (b), and (c).)	11				BETWEEN ONSET	AND DEATH
eath endi		PART I, DEATH WAS C.	AUSED BT: MEDIATE CAUSE (a)		Kree	mea			lo de	ry
e d offe on,		Conditions, if any, which g	DUE TO, OR AS	A CONSEQUENCE OF		4	/	- 2/		1
t th the sit noti		elra	(Scemon	her 70	Lary					
uires that the hysicion. gned by the of urial-transit pe urial, cremotior		rise to immediate cause stating the underlying callost.		A CONSEQUENCE OF	find	eres	elen	-2-67	5-4	M
luire hysi gne uria uria		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTE	NG TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEASE O	R CONDITION GIV	/EN IN PART I(a)		
red pig p	_							· · ·		
ndir ndir bee	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20g AUTOPSY?	2Db	IF YES, WERE FINDINGS CO	ONSIDERED IN CERTI	FYING
he or he	18					YES NO	CAUS	ES OF DEATH?		
or or us	8	21a ACCIDENT WAS UNDE	RLYING 21b. TIME OF	INJURY	21c. HOW I			jury in Port 1 or Port 2, I	Item 18.)	
Ferring A	₫	OR CONTRIBUTING CAUSE C	P.M.	Month Day Year						
HYSI(hosp is cert toched	MEDI	21d INJURY OCCURRED While I Not while I	21e PLACE OF INJURY (ORY.) 21f LOCATI	ION Street or R.F.D. I	No Ci	ty or Town	County	Stote
te De la tre		at work of work	Vilia haratadi assa	4-4 4 4	d draw order	10	10/040	And 1 10	(a Vibat (II)	(ma) Inst
ENDIN ned by R: Afte uld be the Sto		22a. I certify that (1) saw the decease	of alive an	did not) view the 1	a from and the	iat in (my) (aur) a	pinian death	accurred an the da	te and hour and	l fram the
ATI SPE SE		22b. SIGNATURE						22c.	DATE SIGNED	
DIRE 3		Cla	12 5	west	DEGREE		MED. DIRECTOR	STAFF T	2/2/6	7
TAI TAI TAI TAI Do fi		22d. PHYSICIAN'S NAME (Type) BR	. C.E. DURI	RETT		22e. ADDRESS	INIA A	VENUE, CUM	REDIAND	DM
Ctor ctor	225		23b DATE		EMETERY OR CRE			TION (City or Town)		State)
O HOSP Poge 4 r O FUNER director, should	230	REMOVAL (Specify)	Feb.3,1968		Hill Ce				(()	/
F F	24.	20.2	Scarpell				BY REGISTRAR	berland Al	SIGNATURE M	1.
VR A15 (4) 30M REV 1/68		eames 1	carpell	, vumbe	riand,	Md • DATE FE		958	100 100	A



after death. funera O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician.

37.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01931			CERTIFICATE OF DEATH							
	ECEASED-NAME	First		Middle		Lost	20. DATE OF DEATH	2b. HOUR			
	Type or print)	LORE	TTA	٧.		NEVY	FEBRUARY	11, 1968 F: /P/M			
3. S	EX		4. RACE			S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS			
	MALE		, WHI	ITE		11-20-27	lost bithdoy) 40 YR	MONTHS DAYS HOURS MIN			
70.	BIRTHPLACE (State or	foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	D NEVER MARRIED), COUNTY OF DEATH				
(00	OHIO		USA	4	WIDOWE	D DIVORCED	ALLEGANY	Md.			
10. (CUMBERLA		g ve s	ME OF HOSPITAL OR INS		HOSP.	OCCUPATION (Kind of work done st of working life even if retired HOUSEWIFE	12b KIND OF BUSINESS OR INDUSTRY			
13o.	USUAL RESIDENCE (V	Vhere deceose	d lived, if instituti		13c. CITY	OR TOWN 138. INSIDE CITY LIM					
odm	nission) STATE M	D.	13b COUNTY	ALLEGANY	CU	MBERLAND YES NO	B25 HARVA	RD AVE.			
14.	FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MAIDEN NAME FIR		Lost			
	LAW	ERNCE		TOEPFER		MARY		MYERS			
160	. WAS DECEASED EVER	IN U.S. ARMI	ED FORCES? (or dates of service)	166 SOCIAL SECURITY N		INFORMANT	Address				
	Yes, no, or unknown)	I ken das sen	on octor or service)	214-24-859	32	HOSP. RECOR	D				
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	y one couse per lin BY TE CAUSE (o)	ne for (o), (b), and (c))	acen	n cell A	nome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	2000	2741112		S A CONSEQUENCE OF							
	Conditions, if ony,		(b)								
rise to immediate couse (a), (b) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	last.)	(c)								
	PART 2. OTHER SIG	NIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(0)				
NO	1										
CERTIFICATION	190. DATE OF OPERAT	10N 19b. C	ONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO NO	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING			
	210 ACCIDENT WAS		T.O. HING AL		21c.	HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2	, Item 18.)			
MEDICAL	. OR CONTRIBUTING (If either, notify me			Month Doy Yeor							
ME	21d INJURY OCCUR While Not while of work of work	RED 21e. f	PLACE OF INJURY	AT HOME FARM STREET, FACT OFFICE BUILDING, ETC	ORY.) 21f.	LOCATION Street or R.F.D. No.	City or Town	County Stote			
			hospital), atte	ended the decease	d fram_	12/5- ,196	2, to 2/11, 1	9.68, that (I) (we) last			
	saw the d	eceased ali	ve an	(did not) view the b	168. a	ind that in (mv) (aur) apin	ion death accurred an the c	date and havr and fram the			
	22b. SIGNATURE		Mil	Eloga,	(0)	GREE PHYS ME	D STAFF 222	DATE SIGNED			
	22d. PHYSICIAN S NAME (Type)	J.A	PAGAN,	14.0.		22e. ADDRESS 5 PC	OTOMAC ST., RID	GELEY, W. VA.			
230	BURIAL, CREMATION, REMOVAL (Specify)	435. D. Feb	ATE .14,1968	23c NAME OF C St. Mary		OR CREMATORY Cemetery	23d LOCATION (City or Town) Cumberland #1	(County) (Store) Legany Md.			
24.	FUNERAL DIRECTOR James	F. Sc	arpelli	Cumberla		250 REC'D BY	REGISTRAR ' 75h REGISTRAR				

VR A15 (4) 30M REV, 1768

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and the first of the grant of the state of t

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death.

TO FINITAL UPLICTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundal director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages—and should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

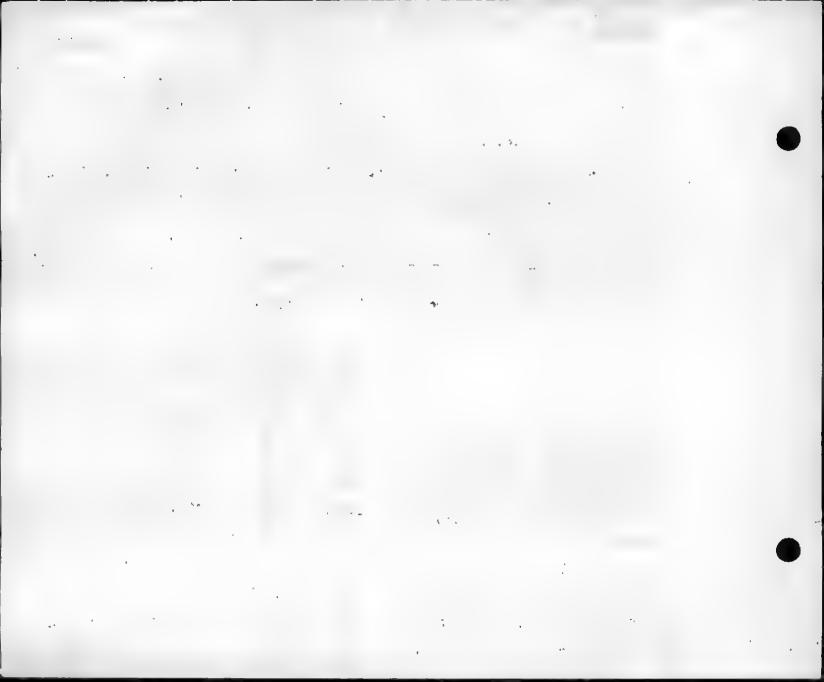
Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH YLAND 21201

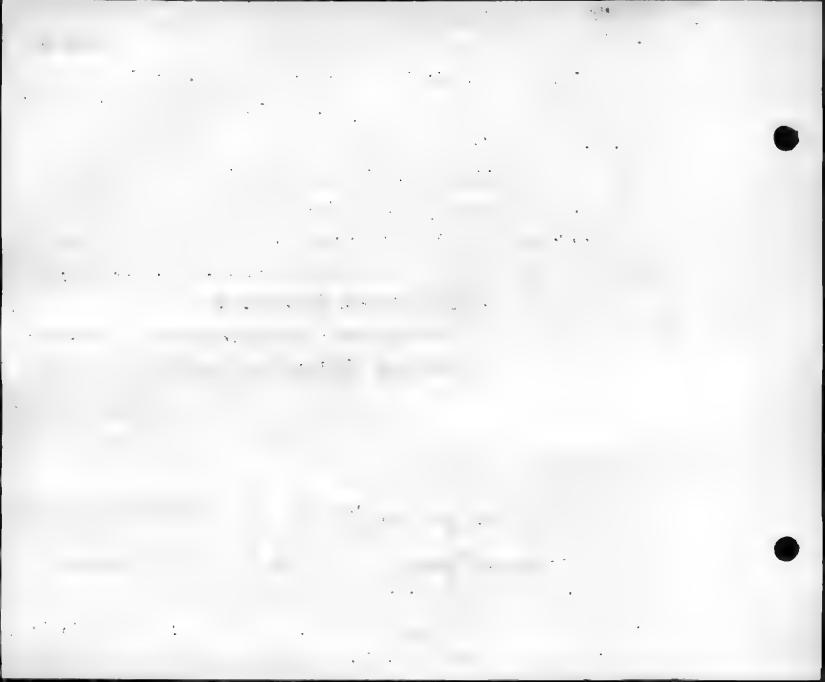
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DIVISION	OF V	ITAL	RECORDS,	301	W.	PRESTON	1 STE	REET,	BALTIMORE,	MAR
			(CER	TIF	ICATE	OF	DEA	TH	

											20 3 40	- 1
	SED-NAME	First		Middle		Last		2a. DATE	OF DEATH		he.	2b. HOL
(Type	or print)	GREGOR	Y I	EINIS	XIX	ON			Month	26	1768	72:
3 5EX		4 RA	CE			DATE OF B	RTH	- 1	6 AGE (In yea	ors IF UN	,	IF UNDER 24
	HALE		WHITE				21, 193	O.	last bythday	MONTH	HS DAYS	HOURS
		71 044			2 V				20	YRS.		
anuts) o RIKI	HPLACE (State or foreig		ZEN OF WHAT (OUNTRY?	8. MARRIED		(KIED	9 COUNTY				
,,	CUMBERLAN	D U	S.A.		WIDOWED [_	RCED 🗌		EG LIY			
	OR TOWN OF DEATH		11 NAME (OF HOSPITAL OR INS	TITUTION (If na	in haspital	12a USJA	L OCCUPATI	ON (Kind of work	dane 12	b KIND OF B	
CU	BERLAND		Give street	oddress) 1 EE C	LIAL H	OSPITA	L during m	PITTS	BURGH" PI	ATE GE	ASS C	OriPA
13o USL	JAL RESIDENCE (Where	deceased lived,	if institution	Res dence before	13c CITY OR	OWN	13d. INSIDE CITY U	MIT52 13e	STREET AND NUMI	3FR		
edm ssio	n) STATE MALEYT	AID 13b	COUNTY L. F	GANY	DAVAL	5 }	YES NO	TKI (737 VALL	EY VIE	M Dat	VE
14 FATE	IER'S NAME First		Middle	Last	15	MOTHER 5 M	AIDEN NAME F	irst	Mir	ddle		Lost
IT IAII	HARRY	.10	DSEPH	MIXON	13.	MOTHER 3 H	HEL		G.		IRICH	
2.5 .444					17 41	FARILLINE.	A Additional	THILL				
Tesur	AS DECEASED EVER IN U			social security N 219-34-5	017	FORMANT	OTHY	HEYON	737 VAL	Iress LA	VALE,	TUE
		1963-1				IW DOI	LOTITI	MINTAUM	וואי וכו	ALL VI.		
18.	CAUSE OF DEATH (E	nter anly are co	use per line fo	r (o), (b), and (c)]							APPROXIM. BETWEEN ON	ATE INTERVA SET AND DE
	PART DEATH WAS	CAUSED BY	r 1-1	Astrocyt	oma, th	ind v	entri cl	e			14 mc)S
	100			CONSEQUENCE OF								
(0	nditions, if any, which		E TU, UK AS A	CONSEQUENCE OF								
ris	e to immediate caus	e (o), ((b)									
sto	oting the underlying	ause	E TO, OR AS A	CONSEQUENCE OF								
los	_	,	(c)					 				
PA	ART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE ORG	OND TION G	IVEN IN PART 1(0)			
₹ L	<i>[</i>											
CERTIFICATION 13/10/10/10/10/10/10/10/10/10/10/10/10/10/	DATE OF OPERATION	196, CONDITIO	IN FOR WHICH (PERATION WAS PER	RFORMED	20o. AUTO	PSY?		. IF YES, WERE FINI	DINGS CONSID	ERED IN CEI	RTIFYING
Ĭ.						YES	NO E	CAL	JSES OF DEATH?			
	o. ACCIDENT WAS UND	ERLYING 21	b. TIME OF INJ	URY	21c HD1	W INJURY DO	CURRED (Enter	r nature of	injury in Part 1 ar	Part 2, Item 1	(8.)	
	OR CONTRIBUTING CAUSI		OUR A.M. M P.M.	anth Day Year								
	either, notify medical			19 IOME, FARM, STREET, FAC CE BUILDING, ETC.		ATION Street	et or R F.D. No.		City ar Town	Cor	unty	Sh
1 W	'hile 🦳 Not while 🦳	The react of	OFFI	CE BUILDING, ETC.	7 217. 100	ATTOM SHO	o) of K1,0, 110.		chy di Totti			
EII 3	WHOLK BY ANGURE	11. (-1.1.)	t. 15	1 -1 5	1.7 4	4 F (17)	10	A C	06 60	10	A 5 - A	(1) /
22	la. I certify that (I) (this hasp	ital) attendi	ed the decease	d fram	15.07 that is (m	, 19	, 10∠	<u> </u>	, 7	, inat	(I) (W
	causes stated	sea alive ar	(a) (did) (did	ant) view the	7, and ands after di	auth auth	iy) (aur) api	nigii aeai	in accurred an	me date at	ia naur a	ina ira
20	b SIGNATURE	100 ve, (i) (v	re/ (ulu) (ulu	TIDITY VIEW THE	July uller d	- WIII.				22c DATE	SIGNED	
421	D SIGNATURE	. 1	0		O DEGRE	ATTENDI	NG 🛣 N	NED IRECTOR [STAFF	22c DATE 1	.48	
	LU'X	Llu-	P. Jan	ines i lu	O. DEGRE	F1(13)		IRECTOR L	PHYS.			
220	d. PHYSICIAN S NAME (Type)	TITTY	- A T)	TA .C		22e. ADI		יהדכומהיכי	CM CIRT	מאוד "רוכנים	7) 7,617	
	D.,	WILL	A. P.				L He U		ST. CUM		ريتا ولا	•
2 3d B.	RIAL, CREMAT ON,	23b DATE	- 10	23c. NAME OF	EMETERY OR C	REMATORY		23d LDC	ATIDN (City or Tow	n) (Ca	unty)	(Stote)
RE	WOAVILDECUAL	29 FE	8 68	HLLLCRE	ST BUR	LAL PA			GIAL JA	ALLEG	TAINY F	D.
24 FUN	NERAL DIRECTOR			ADDRESS			25a. REC D B	Y REGISTRA	R 25b REGI	STRAR'S SIGNA	ATURE	da.
H.	LIE SILCO	X 404	DECATUR	ST CULE	BE. L. D	HD.	FEB	29 1	968	ware by	1	24.00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 6 Film G398 3/7/68 kk CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR low remains that the duath certificate be executed within 24 hours after death (Type or print) Lurittia Feb. Oester Lena 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS. 3 SEX 4. RACE 5 DATE OF BIRTH MONTHS DAYS HOURS attending physician and campletely filled in by the permit. Then please remave carban papers. Pages ban papers. Page , within 72 haurs a Nov. 22. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [Allegany W. Va. TISA WIDOWED (IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired)
Housewife give street oddress)
Miner INDUSTRY Frostburg Own Home or remayal, and in any event, 130. JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY Grantsvil 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Crowfis Franklin Miller Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, ar unknown) George Oester, Grantsville. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PARY I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) permit. ACUTE BRAIN BUNDROME crematian, Conditions, if any, which gave CIRCULATIOR burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s ise as the t th priar tab 1 1 1 1 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? NO X YES [far use this certificate ba retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) be detached / AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D. No. 21d IN. JRY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work O FUNEKAL FIRECTOR: After director, page 3 should be d shauld be filed with the State 22a. I certify that (1) (this haspital) attended the deceased fram 22, 1968, to 7.6, 251967, that (1) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN 22e_ADDRESS Frostburg, NAME (Type) A. Paige Strong 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) Grantsville.Garrett Grantsville Cem 2Sc REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR AT5 ,41, 30M REV, 1/68 commer Grantsvill Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle 20 DATE KNOWN Day Manth (Type or Pnnt) OF ESTI-JAY TRVIN OSTER DEATH MATED 19 682:30 M IF UNDER I YEAR IF UNDER 24 MRS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR gud JAN.14,1910 MALE WHITE YRS 75 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or toreign MARRIED X NEVER MARR ED 9 COUNTY OF DEATH country) DIVORCED [WIDOWED [77] USA ALLEGANY with the State TO, CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUT ON (finat in hospital 12a LSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if retired)
LABORER INDUSTRY CUMBERLAND BAKERY 13a USUAL RES DENCE (Where deceased led, finishtation Residence before 13c CITY OR TOWN 3d. INSIDE CITY EIM TS? 13e STREET AND NUMBER 136. COUNTY in Item 18. YES NO T BEDFORD ROUTE 3. lond 2 ofter IS, MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Last First Middle OSTER AURORA BOOR pages hours 160 WAS DECEASED EVER N.L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, no, or unknown) 24 MARGARET E. OSTER, ROUTE 3. BEDFORD. 4717 Ele APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY SUDDEN CORONARY OCCLUSION IMMED ATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burnol-tronsit Conditions, if any, which gave CORONARY SCLEROSIS rise to immediate cause (a), WOLD This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BY PART HIGH 0 removal, 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TA YES [21c HOW IN. URY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A M. cremation, CAUSE OF DEATH 2 f LOCATION Street at R F D Na 2.d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Town Caunty State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy ... Inspection X. Inquiry [X]. and in my opinion deoth resulted from. Natural couses Accident . Suicide . Hom cide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MED CAL EXAM, NER SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Heolth NAME (Type) CUMBERLAND, or county/CUMBERLAND, BENEDICT SKTTARELIC. 23d. LOCATION (City or Town) 0 230. BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) CUMBERLAND. MEMORIAL PARK 24 FUNERA DIRECTOR 25g REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE YR A 15ME (5) 10M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

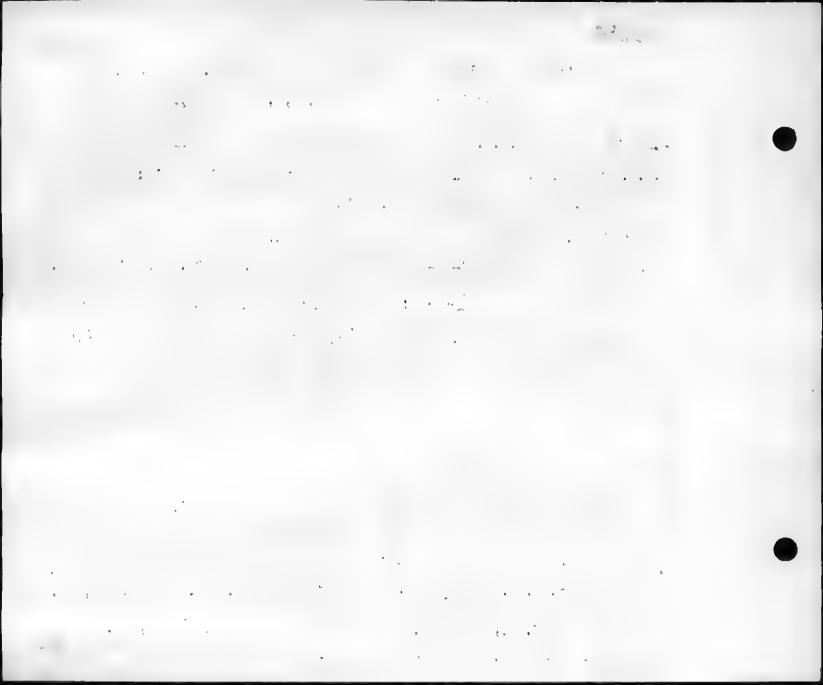
CERTIFICATE OF DEATH

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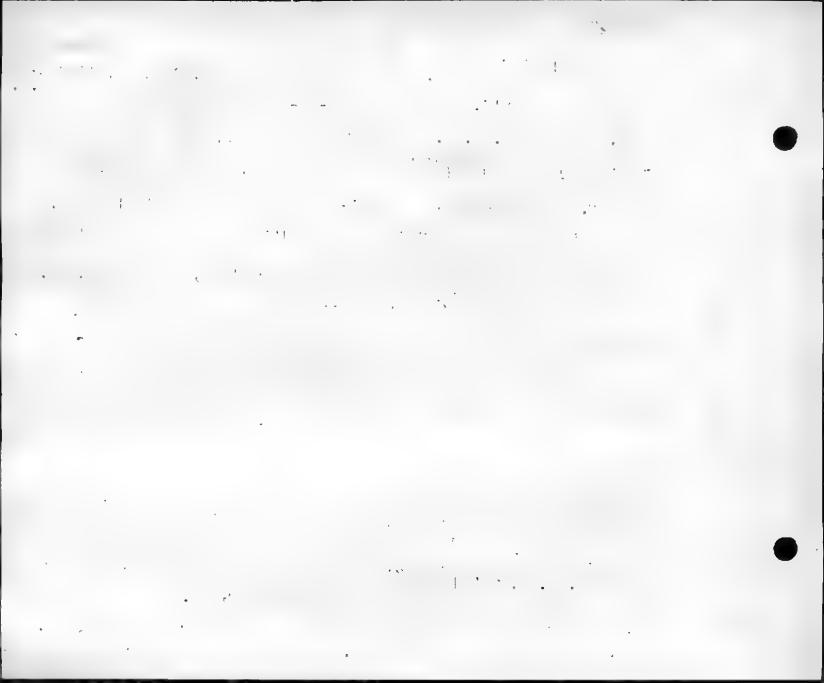
	CERTIFICATE OF PERSON							To Real to	5.0		
(DECEASED NAME (Type or print)	HARRY	WILLIAM	POLA		20 DATE OF	Month Do	1968 ^(eq)	2b HOUR		
3. \$	MALE		4 RACE WHITE		NOV. 6, 190	01	6. AGE (n years last birthdoy) 66 YRS	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN		
M IO	BIRTHPLACE (State of Intry) [ARYLAND CITY OR TOWN OF DE	EATH	U.S.A. II NAME OF HOSPITA, OR II UVE STEED ADDRESS UVE STEED ADDRES	WIDOWED NSTITUTION (If no		AL OCCUPATION	EGANY (Kind of work done	12b. KIND OF B	Md BUSINESS OR		
13o	USUAL RESIDENCE (MBERLAN Where deceased D.	lived, if institution. Residence before	SPITAL 13c. CITY OR MT. SAV			PION OWNER	,			
	FATHER S NAME THOMAS WAS DECEASED EVE	P. POI	SOPRES THE SOCIAL SECTIONS	VNO 117 IA	MOTHER'S MAIDEN NAME MARTHA S. I		Middle Address		Lost		
,,,	Yes no or unknown)	(If yes give war	214-32-321	3 MRS	. MARBARET H	B. POLAI		VAGE, MD).		
	18. CAUSE OF DEA PART I. DEATI	I WAS CAUSED I	CAUSE (o)	Culona	y Occulsu	i - Jh	muhasei		LATE INTERVAL. USET AND DEATH CALL.		
	Conditions, if ony, rise to immediate stating the under last.	couse (a) ((b) Cr-terco-sc Due to, or as a consequence o	lente C	arde Vasus	an Di	secur	Cyla	~, ·		
N.	W 11.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION	190. DATE OF OPERA	TION 19b. CO	NDITION FOR WHICH OPERATION WAS P		20a. AUTOPSY? YES NO	CONSIDERED IN CER	RTIFYING				
MEDICAL CE	21a. ACCIDENT WA or contributing [(If either, notify m	CAUSE OF DEATH edical examiner	HOUR A.M. Month Doy Yeo P.M	19	W INJURY OCCURRED (Ente		ry in Part 1 or Part 2,	Item 18.)			
×	21d INJURY OCCU While Not while at work of wor		ACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC				or Town	County	Stote		
	220. I certify that (I) (this hospital) attended the deceased from Cor 1962, ta 1962, that (I) (we) last saw the deceased alive an 1963, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (I) (we) (did) (did light) view the body after death.										
	22b SIGNATURE ATTENDING DEGREE PHYS MED DIRECTOR STAFF PHYS. 22c DATE SIGNED 21/12/GS										
	22d. PHYSICIAN'S NAME (Type)	DR. C	. G. HIMMELORIGH	T	220. ADDRESS 133 VIRGI	NIA AVI	E., CUMBER	LAND, MD			
В	BURIAL, CREMATION DEMOVAL (Specify) URIAL	, 23b DA FEE		F CEMETERY OR C	S CEMETERY	Mr.	ON (City or Town) SAVAGE, M		(Stote)		
24	FUNERAL DIRECTOR	ויסמות	ADDRES		250 RECD 8	REGISTRAR	968Sb REDISTRAP	SIGNATURE	yen :		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled mr by he to director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pagers. Pages should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bayrs Page 4 may be retained by the haspital ar attending physician. VR A15 (4). 30M REV. 1/68

after death.



01952 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED NAME Middle Lost 2b HOUR WILLIAM deceth. (Type or print) FEBRUARYDOY3 M. POPP IF JINOER YEAR 4 RACE 5. DATE OF BIRTH 6. AGE (In years 3 SEX last bithday) 5-29-96 WHITE MALE papers. Pag thin 72 haurs of requires that the Jeath certificate be executed within 24 hauss 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [V] NEVER MARRIED country) MD. S. A. WIDOWED [DIVORCED THE ALL EGANY physician and completely filled en please remave carban pape OSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 2h KIND OF BUSINESS OR during most of two rained fe, even if refired)
Production MOUSTRY Textile CUMBERLAND 13g. SUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LUMITS? admission) STATE RT 2 WILLIAMS RD. CUMBERLA EGANY and in any 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Middle WILT POPP EMILY LEWIS 16b. SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, ar unknawn) HOSPITAL, CUMBERLAND MO signed by the attending burial-transit permit. Th 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE ORCONDITION GIVEN IN PART 1(a) has been the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? **CAUSES OF DEATH?** YES 🗀 NO 🕏 letached far use Dept. af Health p O FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark - 1940 _1962, and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive on 3-3ba retained couses stated abave/(1) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S DR. F. WILLIAMS W_ NAME (Type) CUMBERLAND. director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) Feb.6,1968 Cumberland Allegany Md. Sunset Memorial Park 24 FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUREN VR A15 (4) James F. Scarpelli, Cumberland, Md. 30M REV 1/68



0195%

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				(ERTI	IFICATE OF DE	ATH			0184	2.29
	CEASED-NAME (pe or print)	First		Middle		Lost		2a. DATE OF DEATH	-4h D		2b. HOUR
(1)	the or built)	DARR	ELL	J.		RACEY		Mg 2	9	68	11:40 %
3 SEX			4. RACE			5. DATE OF BIRTH			(In years uthooy)	IF UNDER 1 YEAR MONTHS DAYS	F JNDER 24 HRS
	MALE		WHI			7 - 2	9-89	1889 59	B YRS.	MUNITS DATS	NGUKS MIM
	IRTHPLACE (State or	9	b CITIZEN OF WE			RIED 🔲 NEVER MARRIEC	9.	COUNTY OF DEATH			
_		INIA	U.S			WED 💢 D.VORCED		ALLEG			Md.
	TY OR TOWN OF DE		II NA	AME OF HOSPITAL OR INS	TITUTION			OCCUPATION (Kind o		12b KIND OF	BUSINESS OR
	JMBE RLAN			MEMORIA		USPITAL	101.1	of Markinghile, eve		Muni	cipal
130 l	USUAL RESIDENCE (V	here deceased	TAL COUNTY	on Residence before			ENSIDE CITY LIMIT			NO CT	
			7	EGANY	CU	MBERLAND				ND ST.	
14. F/		First	Middle	Last		15. MOTHER'S MAIDE	N NAME First	1	Middle		Last
		MES		RACE		la di la companya					
	WAS DECEASED EVER s, no, or unknowp)		O FORCES? or dates of service)	16b. SOCIAL SECURITY N	10.	17. INFORMANT	1 40	CDITAL	Address	EDI ANO	MD
	110	-				MEMORIA	IL NU	SPITAL	CUIVID	ERLAND	MATE INTERVAL
		WAS CAUSED F	RY /	re for (a), (b), and (c)	Rea	1		,		BETWEEN C	DISET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Leville Caroline Failure										
	DUE TO, OR AS A CONSEQUENCE OF										
	(anditions, if ony, which gove) Inse to immediate cause (o). (b) Californian of Carolina Super.										
stating the underlying couse DUE TO, OR AS A CONSPONENCE OF									10	men	
-											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
NOIL	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONS									ONSIDERED IN C	FRTIFYING
CERTIFICATION	YES NO CAUSES OF DEATH?										
CFRT	21a ACCIDENT WAS	UNDERLYING	216. TIME OF	INJURY	2	1c HOW INJURY OCCURR		oture of miury in Par	Lot Port 2.	Item 18.1	
	OR CONTRIBUTING		HOUR A M.	Manth Day Year						,	
MED	(If either, notify me 21d INJURY OCCUR	RED 21a Pt		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		If LOCATION Street or	R F D. No	City ar Town		County	State
	While Not while			OFFICE BUILDING, ETC.	1			.,		,	
	Jul Walk all Walk										
	220. I certify that (1) (this hospital) attended the deceased fram 12. (C., 1967, ta July 9., 1968, that (1) (we) lost saw the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death.										
	22b. SIGNATURE	ted abave, ((I) (we) (did) ((did not) view the t	oady a	tter death.			1 00	DITE SIANIE	
	22D. SIGNATUKE	Ala.	, b	Junea		DEGREE PHYS	MED DIPE	STAFF	7220	DATE SIGNED	· (/
-	22d. PHYSICIAN'S	Colore	700	94		1 11/2	7 DIKE	CTOR PHYS		110/6	8
	NAME (Type)	DR. C	LAY DU	RRETT		COV	BERL	AND, MD.			
23o	BUR AL, CREMATION,	23b DA	TE	23c NAME OF C	EMETER	y or crematory		23d LOCATION (City of	or Town)	(County)	(State)
	REMOVAL (Specify)	4	12,196			Burial Pa		Cumberla	,	,	
_	UNERAL DIRECTOR			ADDRESS		250	REC'D-BY	REGISTRAR - 1 25b			3
	James F.	Scar	elli,C	umb rland	,Md	•	LED	TO KAS	15	Es	6

TO FUNERAL DIRECTOR: After tills certificate has been signed by the attending physician and campletely filled in by the tunefall director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages Land 2 shauld be filed with the State Dept of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH (Type or print) REED GEORGE **THOMAS** 3. SEX 4. RACE S DATE OF BIRTH IF JNDER 1 YEAR 6 AGE (n years iost (intoday) 11-4-1912 WHITE MALE 76 CIT.ZEN OF WHAT COUNTRY? 7o. BIRTHPEACE (State or fore an COUNTY OF DEATH MARRIED NEVER MARRIED U. S. ALLEGANY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done during most of working life, even if retired) INDUSELANESE CUMBERLAND 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 33c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? COUNTALLEGANY MT. SAVAGE YES P. O. BOX 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Middle Lost REED FLEEGLE CHARLES 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Mechanicon Marine of War 2 17-10-431BEMORIAL HOSPITAL, CUMBERLAND. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS & CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) acuto usus 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO T 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 23e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 23f. LOCATION Street or R.F.D. No. 2 d. INJURY OCCURRED City or Town County State White Not white of work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE director, page should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VAN ORMER CUMBERLAND. MD. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE BURTAL (Pecify) 968 Mt. Savage Methodist Mr.
250. RECD BY REGISTRAR Sovage Alle Allegany

MARYLAND STATE DEPARTMENT OF HEALTH

Page 4 may be retained by the O FUNERAL DIRECTOR: After 30M REV, 1/68

remave carbon

requires that the death certificate lie exacuild

has been

24. FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pennsylvania FEB

3 3 ŧ 4.5 * 4 * * * h

requires that the Beath certificate be executed within 24 hours

and completely filled in

signed

hos been

O FUNERAL DIRECTOR: After this certificate

be retained



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fived in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers: Pages 1 and 2... shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 5 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF BEATH

J. 958	DIVISION O			STON STREET, BAL	TIMORE, MA	RYLAND 21201				
310011		(CERTIFICA	TE OF DEATH			013	45		
DECEASED NAME First		Middle		Lost	20. DATE O		my Van	2b. HOUR		
(Type or pont) KENNE	TH	S.		RITTER	FEBRU	ARYMonth 9	ay 1968ar	2:40Pm		
3 SEX	4. RACE			DATE OF BIRTH		6 AGE (In years	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS.		
MALE	WH I	TE	3]	3-11-07		loss burthday) YRS		HOURS . MIN.		
70 BIRTHPLACE (State or foreign	76. CIT:ZEN OF V		8. MARRIED	NEVER MARRIED	9 COUNTY O					
VIRGINIA	U	.S.A.	WIDOWED	DIVORCED [ALLE	GANY		Md		
10. GITY OR TOWN OF DEATH CUMBERLAND		NAME OF HOSP TALOR INS street address) SA	CRED HI	ART during n		N (Kind of work done pirte, even if petired)	MAUTO	BUSINESS OR TIRE CO		
130 USUAL RESIDENCE (Where deceosed odmission) STATMARYLAND	ed lived, if institution 13b. COUNTY	ALLEGANY	13c. CITY OR TO	DWN 13d. INSIDE CITY	LIM TS? 13e S	TREET AND NUMBER 6 PARKS I DE	P 2 -	the co.		
14. FATHER S NAME First HARRY	Æ Middle	RITTE		MOTHER'S MAIDEN NAME	AL I CE	Middle	HE	NRY		
160 WAS DECEASED EVER IN U.S. ARA Yes, no, on Onawa) (fyes gove w	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY I		ORMANT OSPITAL RE	CORD	Address				
PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate couse (a). storing the underlying couse lost.	Conditions, if any, which gove rise to immediate couse (a). Starting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
PART 2. OTHER SIGNIFICANT COL		UTING TO DEATH BUT NO		200. AUTOPSY?	20b	EN IN PART 1(a) F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN C	ERTIFYING		
or contributing Cause of DEAL	HOUR A.M	. Month Doy Yeor	,	INJURY OCCURRED (Em	er nature of int	ory in Part 1 or Port 2	, Item 18.)			
21d. INJURY OCCURRED While Not while at work at work	21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State									
saw the deceased a causes stated abave	22a. I certify that (I) (this haspital) attended the deceased from 1-2-1, 1965, ta 2-4, 1965, that (I) (we) lost saw the deceased alive an 1965, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.									
22b. SIGNATURE	Krin	ç-	DEGRÉE		MED DIRECTOR	CTAFF	2 - 9 -	68		
	IS BRING			220 ADDRESS 57 GREEN		UMBERLAND,				
23a BURIAL, CREMATION, 23b REMOVAL (Specification)	12/68,	+ Keala	CEMETERY OR CI	Zemo Ph.	Cun	ION (Cay or Town)	(County)	(Stote)		
24 FUNERAL DIRECTOR LOUIS STEIN IN	10. 17	FREDERICK S	ST., CUI	4B.MD. DATE	BY REG STRAR	25b. REGISTRAR	'S SIGNATURE	70		

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MADEM

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01391		CERTIFI	CATE OF DEATH		01946
1 DECEASED-NAME First (Type or print)	HN	Middle F.	ROSE	20. DATE OF DEATH Month FFRUARY	Yeor 3 1968 2b, HOJR
3. SEX MALE	4 RACE WHITE		S. DATE OF BIRTH	6 AGE (In years los 7 and day)	MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country) MD.	75 CITIZEN OF WHAT O	OUNTRY? 8 MARRIE WIDOWE	D T MEACK WORKERS	ALLEGANY	N
10 CITY OR TOWN OF DEATH CUMBERLANE		TORSTAL HOSP		OCCUPATION (Kind of work done stat working ife, even if retired) UDLISHER	
130 JSUAL RESIDENCE (Where deced odmission) STATE W. V.A.	LINE COUNTY		EDMONT YES NO		FAIRVIEW ST
14. FATHER S NAME First FRANK	Middle W.	ROSE	15 MOTHER'S MAIDEN NAME FIT		PEARCE
Yes, no ocunknown) (If yes give	war or dates of service!		INFORMANT MEMORIAL HOS	PITAL, CUMBE	RLAND, MD.
18 CAUSE OF DEATH (Enter o		(o), (b), ond (c).)	2 Rombo	a Li	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove	DUE TO, OR AS A	CONSEQUENCE OF	residetars	die Maria	Lid & Lous
Conditions, it ony, which gove rise to immediate couse (a).		dre	LE SACIONS	L'AZIA	LOLD FO

stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH?

CERTIFICATION NO 🔂 YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy

(If either, notify medical examiner)

21d. INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. County City or Town

23c NAME OF CEMETERY OR CREMATORY

Philos Cemetery
ADDRESS

Piedmont,

22a. I certify that (I) (this haspital) attended the deceased fromand that in (my) (our) opinion death accurred on the date and hour and from the

22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR PHYS

22d. PHYSICIAN'S NAME (Type) DR.

Fredlock, Jr.

23b DATE

BURIAL, CREMATION

REMOVAL (Specify)

FUNERAL DIRECTOR

22. ADDRESS CUMBERLAND,

23d. LOCATION (City or Town) (County) (Stote) Westernport 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR mostly a

Stote

VR A15 (4, 8) 30M REV 1/68

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

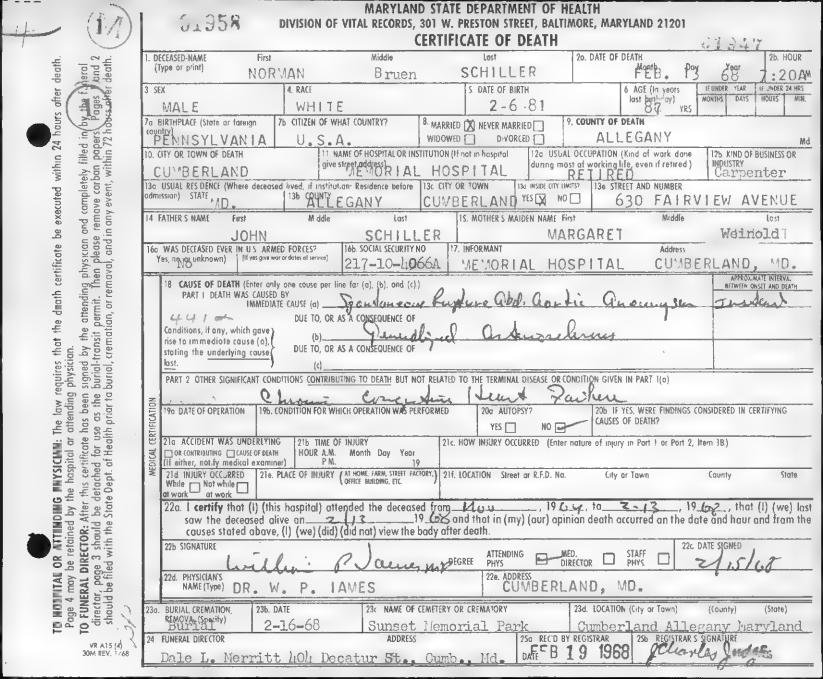
Page 4 may be retained by the haspital or attending physician.

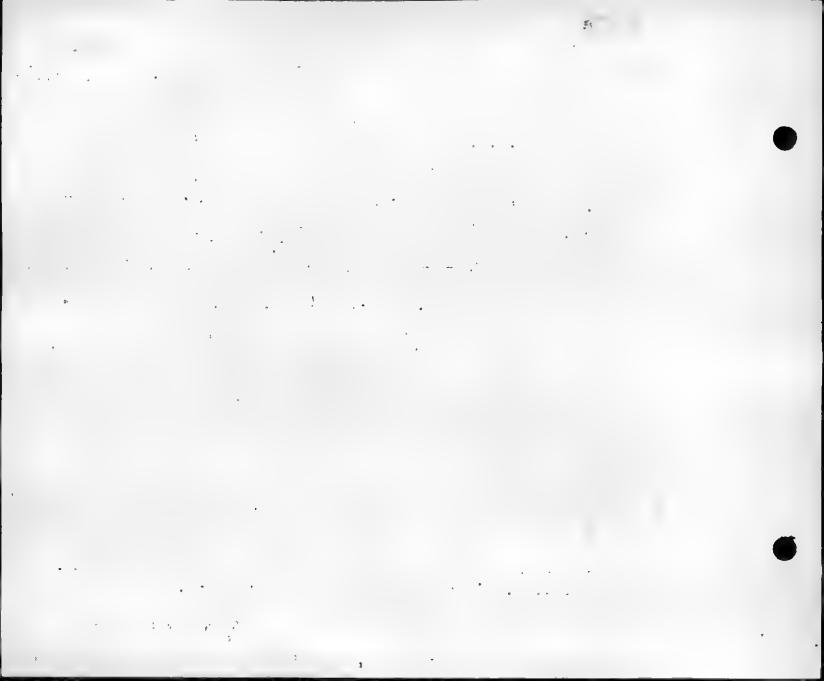
O FUNERAL DIRECTOR: After this certificate has been

directar, page 3 shauld be detached far use as the buital-transit permit. Then please remove carban papers. Pac shauld be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haurs

signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carban papers.







j TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 maurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

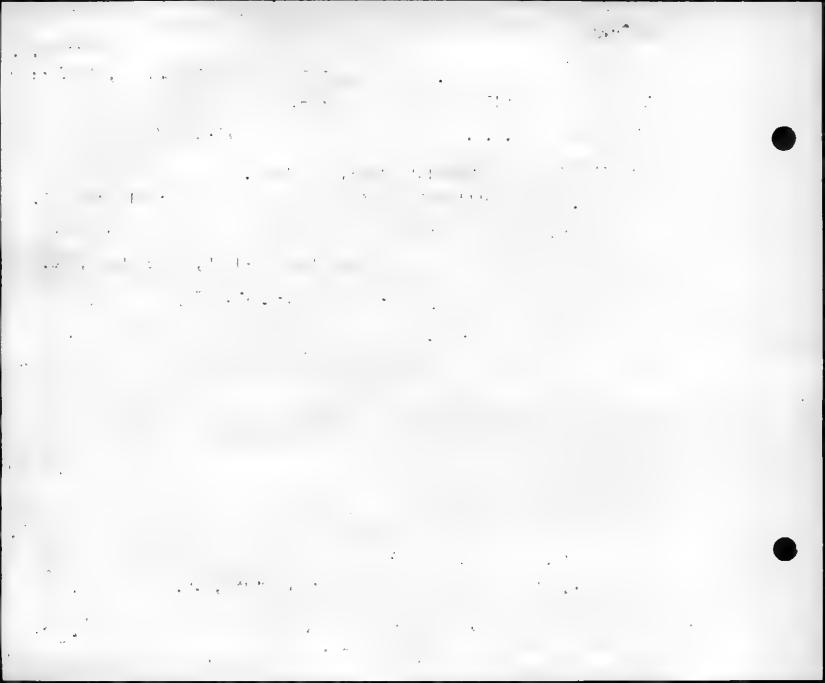
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MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

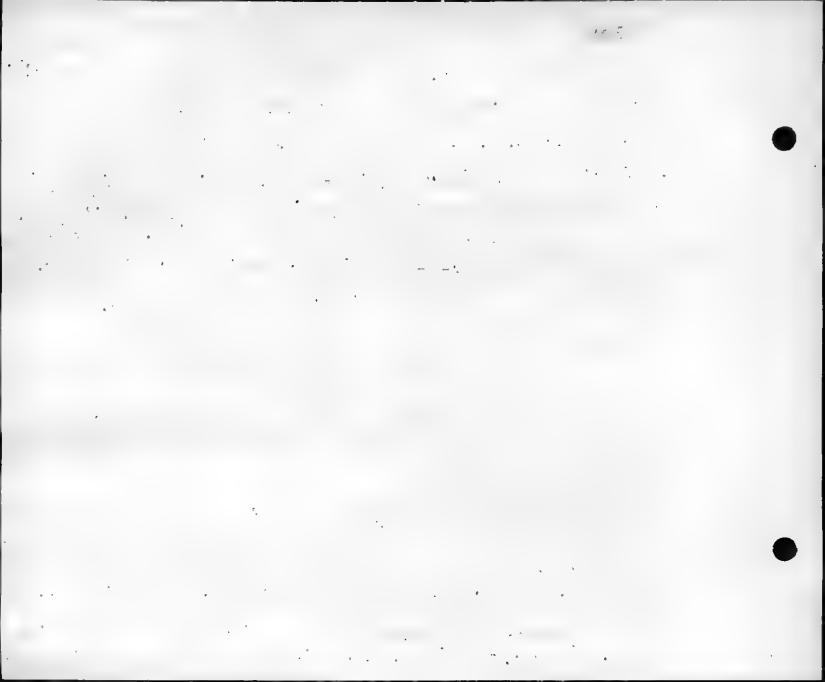
01959

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	OIO	0.7		CE	RTIF	ICATE OF DEATH			01	9 44 8	Sp. M
	ECEASED-NAME Type or print)	MARY		Middle		Last	2o. D	DATE OF DEATH	D- W		25 BOUR
		1416-414 1		G.		SETTLE		FEBRUARY		968	8:36
3 5	FEMAL		4 RACE WHITE			S. DATE OF BIRTH		last birthday)	IF UNDER I		UNDER 24 HRS.
	BIRTHPLACE (ST		76. CITIZEN OF WHAT CO	OUNTRY? 8	MARRIE WIDOWE	D NEVER MARRIED DIVORCED DIVORCED	9. COUN	ALLEGANY			Mc
10 (CUMB E	OF DEATH ERLAND		FHOSPITAL OR INSTITUTE OF THE PROPERTY OF THE			est of w	PAT ON (Kind of work doorking life, even if retire	rd.) INDUS	IND OF BUS TRY OWN	Home
13o. odm	USUAL RESIDE assion) STATE	NCE (Where deceos	ed lived, if institution R- 13b COUNTYALL	EGANY	CUM 3c CITY (DR TOWN BERLANDYES X N		130 STREET AND NUMBER	RINGDA	ALE	ST.
14.	FATHER S NAME	WALTER	Middle	BRAD		IS MOTHER'S MAIDEN NAME		E Medd	HOF	FMA	
160	WAS DECEASED Yes, no or unkn	D EVER IN U.S. ARA own) (II yes give w	AED FORCES? yor or dates of service)	SOCIAL SECURITY NO.	. 17	MEMORIAL HO	SPI	TAL, CUMBI			
		DEATH WAS CAUSES	ly one cause per line far D BY	(a), (b), and (c/)	ea	beter M	oll	itus	BE.	APPROXIMATE TWEEN ONSET	T AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which gave (b) Infractanolite & Deannfrasture & Lites										
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
2	ARUX										
CERTIFICATION	190. DATE OF (OPERATION 19b.	CONDITION FOR WHICH OF	PERATION WAS PERFO	ORMED	20a. AUTOPSY? YES NO		206. IF YES, WERE FINDING CAUSES OF DEATH?	IGS CONSIDEREI	D IN CERT	IFYING
MEDICAL CER	OR CONTRIBU	T WAS UNDERLYING CAUSE OF DEAT tify medical exami	HOUR A.M. Ma	RY Inth Doy Year 19	21c	HOW INJURY OCCURRED (Ente	er nature	of injury in Part 1 or Par	t 2, Item IB)		
WE	21d INJURY While No	OCCURRED 21e.	PLACE OF INJURY (AT HO OFFICE	IME, FARM, STREET, FACTOR E BUILDING, ETC	^{RY,}) 21f	LOCATION Street or R.F.D. No.	0.	City or Town	County	,	State
	22a certify that (1) (this haspital) attended the deceased from from 6, 19 66, to Ordinary 19 68, that (1) (we) last										
	saw the deceased alive an										
	22b SIGNATU	RE alex	large. Surrett DEGREE ATTENDING DIRECTOR DIPHYS DISTAFF DISTAFF DIPHYS D								
	22d PHYSICIA NAME (T	AN'S DR.	CLAY DURR	ETT		22e ACRISSBER					
23a.	BURIAL, CREM		b.10,1968	23c. NAME OF CE				OCATION (City or Tawn)	(County	,,	(Stote)
24	FUNERAL DIRE					Burial Park		Cumberland TRAR 2Sb. REGISTI	Allega RAR'S SIGNATUI		Md.
		unes r.	Scarpelli,	, cumber	Lanc	DATE E	1 3	1 60 14	- Line		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01949 2a. DATE OF DEATH DECEASED-NAME First Middle **Last** the funeral ages 1 and 2 rs after death/ requires that the death certificate be executed within 24 hours/after death (Type or print) ARTHUR SEEBERT IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (n years IF UNDER 24 HRS 3 SEX physician and campletely filled in by the lost birthday) DAYS HOURS MALE WHITE 7-13-1910 papars. Pag hin 72 hours 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or Fareign 8. MARRIED NEVER MARRIED COUNTY UMBERLAND, ND U. S. A. WIDOWED [DIVORCED TX ALLEGANY 10 CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even f retired)
Bartender INDUSTRY with CUMBERLAND Thavers Barn any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY GLENN Middle 14. FATHER S NAME Lost 15. MOTHER'S MAIDEN NAME First and in GEORGE IDA **KERNS** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, 20 or unknown) MEMORIAL HOSPITAL -CUMBERLAND. MD. 214-07-0479 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), fb), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if only, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) <u>la</u> OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Nat wh.le 22a. I certify that (1) (this haspital) attended the deceased from 19 fond that (my) (aur) apinian death accurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death. 22h SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS director, page should be filed 10 HOSPITAL | Page 4 may t 22e. ADDRESS 22d. PHYSICIAN'S SCHINDLER BLANE GREENE ST., NAME (Type) CUMBERLAND 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) Md. Alleg Cumberland 1968 Greenmount Cemetery 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1 Balto Ave Cumberland DAN MAR 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0135 First Middle 20 DATE OF DEATH FEBRUARY" T. TT. T. T AN MAY SNYDER 4 RACE S. DATE OF BIRTH 6 AGE (In veors last birthdoy) ĐẠYS MONTHS 1 HOURS WHITE MARCH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED SAVAGE, MD. DIVORCED [ALLEGANY WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPAT ON (Kind of work done 2b KIND OF BUSINESS OR HOUSEWIFE FROSTBURG 13e STREET AND NUMBER MT 130 LSUAL RESIDENCE (Where deceased lived, if institut on Residence before 13d HESIDE CITY EMMITS? 13b COUNTY BOX 62 First M dale Lost 15. MOTHER'S MAIDEN NAME First Last CHARLES CROWE CLARA SWEENE 16b SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, ar unknown) NONE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

CONSCIONS BETWEEN ONSET AND DEATH DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEMON? NONE YES [NO [21a. ACCIDENT WAS LINGER, HING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.E.D. No. City or Town State County causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DAJE SIGNED

ATTENDING PHYS

22e. ADDRESS

DEGREE

MED DIRECTOR

BROADWAY

haurs after removal, and in any event, with remaye carbon director, page 3 shavid be detache snavid be filed with the State Dept VR A15 (4)

law requires that the death certificate be executed within 24 haurs

DECEASED-NAME

(Type or print)

FEMALE

14 FATHER'S NAME

22d. PHYSICIAN'S

NAME (Type)

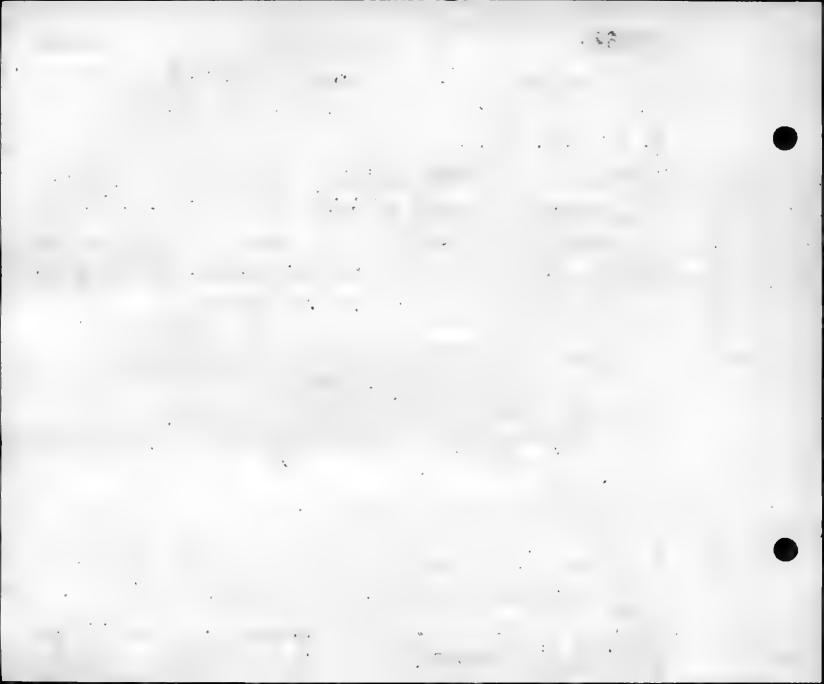
MARTIN

3. SEX

30M REV 1/68

23b DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) FUNERAL 250 RED B

23d LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 5 7 3 1 DECEASED NAME First M.dd a 20 DATE KNOWN Month 75 HOUR (Type or Print) OF. ESTI-JOHN ALEXANDER. 168 8:30P STELLEY DEATH MATED IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 6 AGF In years 2c. DATE PROMOUNCED DEAD 2d HOUR 78 vp Doy 7 7 8:30P DEC 27, 1889 MALE WHITE 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MINEYER MARRIED 9 COUNTY OF DEATH U.S.A. ALLEGANY WIDOWED [DIVORCED 11 NAME OF HOSPITA. OR NSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if refired)
RETTIED DESTIST give_street address) CHEREAL AND MD. DOCTOR 13a USUAL RESIDENCE (Where deceased I ved, f institut an Residence befare 13c C.TY OR TOWN 13d INSIDE GTY EIM TS? 13e STREET AND NUMBER adm ssion) STATE ARYLAND 136 COUNTY ATT POATY CUMBERLAND 502 FREDERICK STREET YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME M ddle First Last FRAZER MARTHA STEHLEY AVIS ELLEN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT CUMBERLAND pencil ADDRESS be executed within (Yes, go, ar unknown) 212-38-6214-A ARS MARTHA STEHLEY 502 FREDERICK ST. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY *** CORONARY OCCLUSTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave CORONARY SCLEROSIS rise ta immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b COND TON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in any in Part 1 or Port 2, Item 181) HOUR A.M. PRIMARY TOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 2.e. PLACE OF INJURY (At home, form, street 21f LOCATION Street or R F D No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspect an 🐼. Inquiry [X] and in my apinian Accident . Suicide . Hamicide death resulted fram-Naturai causes 📉 Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASS STANT MEDICAL EXAMINER FEB. 17. 1968 DEPUTY MEDICAL EXAMINER X 5 may 10 FUNE Reolth BENEDICT SKITARELIC ADDRESS(Street, city, town, or county) CULDERLAND, MD. 23g BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) CULBERLAND AL GANY MANYLAND 20 1968 SUNS IT RELOCIAL PARK 25a REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 0 1963 H. LEE SILCOX 404 ECATUR ST CULBERLIND. ED.



A 266

MARYLAND STATE DEPARTMENT OF HEALTH

	01017	DIAIZION OF	VITAL RECORDS, 30	OI W. PRESION STREET, BAL	IIMORE, MARYLAND 21201					
			CE	RTIFICATE OF DEATH		01953				
	ECEASED NAME	First	Middle	Last	2a. DATE OF DEATH	2b. 00J1/				
(Type or print) THE		THEODORE	W.	SWANGER	Month 2 ax	68 8:00				
3 SE	X	4. RACE		5 DATE OF BIRTH		F JHDER 1 YEAR IF UNDER 24 HRS.				
	MALE	WH:	ITE	4-30-1919	9 log Brithday) yrs M	ONTHS DAYS HIGHES M.N.				
	BIRTHPLACE (State or I	areign 7b. CITIZEN OF WI	-IAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH					
cani	MARYLA	ND ALLEG		WIDOWED DIVORCED	ALLEGANY	Md				
10. 0	ITY OR TOWN OF DEA		AME OF HOSPITAL OR INSTIT		JAL OCCUPATION (Kind of work dane	12b, KIND OF BUSINESS OR				
	CUMBERLA	ND give	STOR LAL	HOSPITAL during	Batul terlia life ceseu it refired)	INDUSTRY Pextile				
		here deceased lived, if institut		3t CITY OR TOWN 13d. INSIDE CITY	The state of the s					
aam	issian) STATE	RYLAND ALLE	GANY	CUMBERLANDES -	©X RT. #4, 1RC	DNS MT.				
14	FATHER'S NAME F	irs† Middle	Last	15 MOTHER 5 MA, DEN NAME		Last				
	Ch	IARLES	SWANGER	{ [1	JCY	SIRBAUGH				
	WAS DECEASED EVER es, no, or unknown)	IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b SOCIAL SECURITY NO.	MEMORIAL I	HOSPITAL - CUMBERL	AND, MD.				
		H (Enter only one cause per in	ne for (a) (b) and (c))			APPROX MATE INTERVAL BETWEEN ONSET AND GEATH				
	PART I, DEATH	MAC CALICED DV.			Adenocarcinoma					
	IMMEDIATE CAUSE (a) Generalized Motastatic Carcinoma Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF Renal in Origin									
Canditians, If any, which gave										
	rise to immediate o		AS A CONSEQUENCE OF							
	stating the underlying cause (c)									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
×										
CERTIFICATION	190. DATE OF OPERATE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIL								
TFEC										
	21a. ACCIDENT WAS	W. 1.00 - 1.100 - 4.1		21c HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Port 2, Ite	m 18.)				
MEDICAL	or contributing [Manth Day Year							
ME	21d. INJURY OCCURR	ED 21e. PLACE OF INJURY		21f LOCATION Street or R.F.D. N	a City or Town	County State				
	While Nat while at wark									
	22a. I certify th	at (I) (this haspital) att	ended the deceased	from	68, ta Fev., 19_	68, that (I) (1992) last				
	saw the deceased alive on									
	22b SIGNATURE		11	ATTENDING 🔻	MED - STAFF - a	TE SIGNED 23-68				
	<u> </u>	Illella Day	/5	11112	DIRECTOR PHYS, LJ Z-	23-00				
	22d PHYS CIAN'S NAME (Type)	00 0 0	111115111016	22e. ADDRESS	CINIA AVE CUN	IDEDLAND HD				
	D IO(1) CDF44475-11	UK. U. A	IMMELWRIG			BERLAND, MD				
23a T2-	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Feb. 26, 196		METERY OR CREMATORY		(Caunty) (State)				
_	44 1 104 11		14	lemorial Cemeter	Cumberland, Al	Legany Md				
J	ames F.	carpelli, Cu	umberland.	Md. DATEFF	and the contract					
				DAIL	D M I IOOD /	0 0 .				

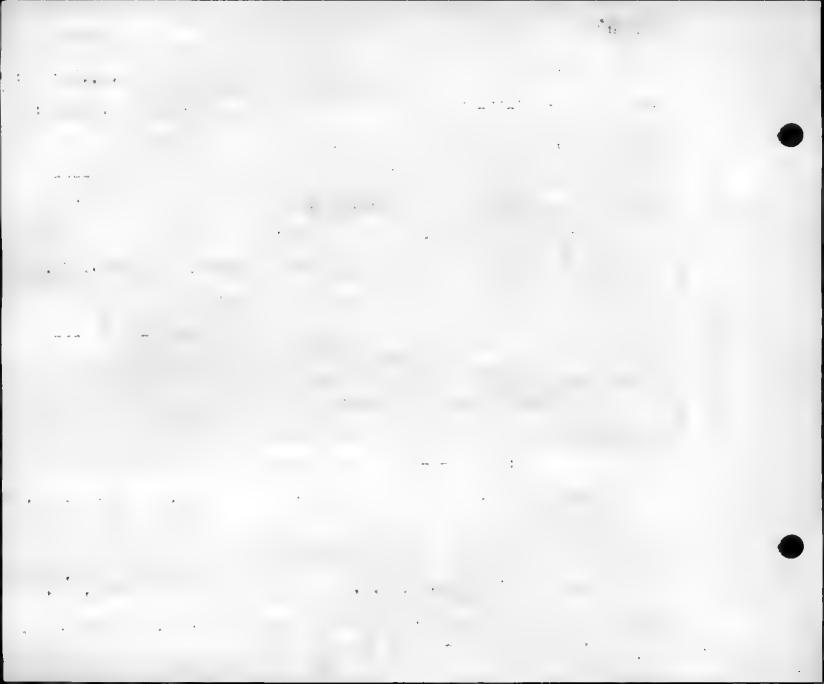
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely Filed director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 7 Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV. 1768

hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be axecuted within



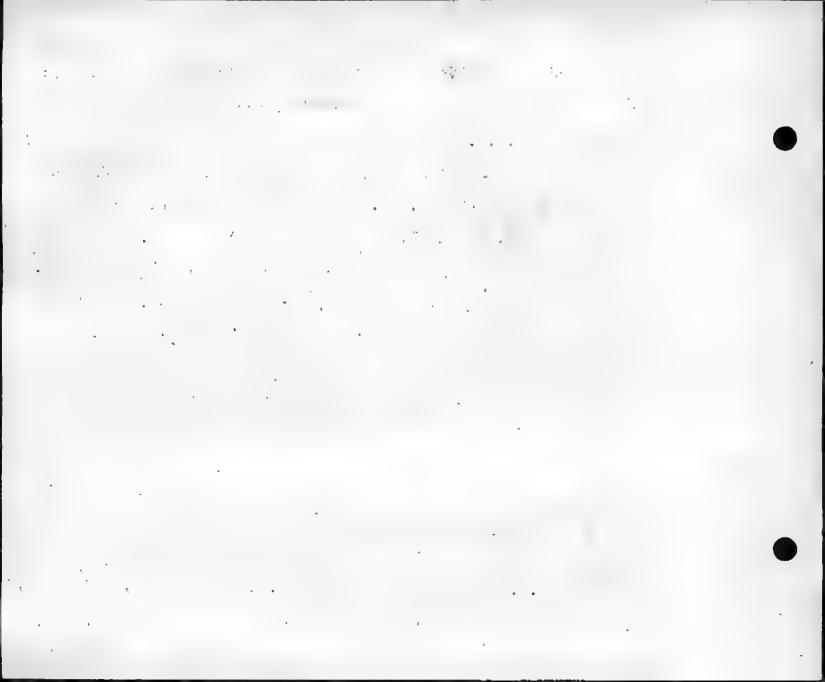
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Middle Frst 20 DATE KNOWN Month Doy (Type or Pant) ESTI-OF KATHERINE THOMAS DEATH MATED 3 4 RACE aF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH puo Female White10-10-73 7b CITIZEN OF WHAT COUNTRY? MARR ED NEVER MARRIED 9. COUNTY OF DEATH Allegany Frostburg. USA Pages O. CITY OR TOWN OF DEATH 11 NAME OF HOSP, TAL OR INSTITUTION (If not in hospital 120 JSJAL OCCUPATION (Kind of work done give street oddres Memorial Hospital Homost of working life, even if retired) Cumberland 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER Franklin Street 14 FATHER'S NAME First M ddie IS. MOTHER'S MAIDEN NAME Thomas Bath Elizabeth Warne sabod hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC.A. SECURITY NO 17 INFORMANT ADDRESS (Yes, no. or unknown) Memorial Hospital. Cumberland. Md. B 27 APPROX.MATE INVERVA within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic Myocarditis Davs IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, Fony, which gove Arteriosclerotic cardiorise to immediate couse (a) DUE TO OR AS A CONSEQUENCE OF vascular disease stoting the underlying couse \subseteq PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(0) Fracture of left femur 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b. I.ME OF INJURY Month, Dov. Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH Fell out of bed at home 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK 113 Franklin Street Cumberland Home 22a I certify that I took charge of the remoins described above, held an Autopsy ... Inspection (CX) inquiry (CX) and in my apinian death resulted from. Natural couses AggidentXX. Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 225. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral O DEPUTY February 2L. 1968 BENEDIC SKITARELIC. M.D. ADDRESS(Street, cty, town or county Cumberland. Md. 50 230 BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) FROSTBURG 25b REGISTRAR'S SIGNATURE BY REGISTRAR



Cumber and

H. Wayne George

VR A15 (4)5-30M REV. 1/68



ond 2 deoth.

ofter death

D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the barderstor, page 3 should be detached for use as the bural-transit permit. Then please remove carban papers, should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs.

CERTIFICATION

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dimith certificate be executed within 24 hillurs.

Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been

VR A15 (4)7 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

	12367		DIVISION OF	VITAL RECORDS,	301 W.	PRESTON ST	REET, BALT	IMORE, MA	RYLAND 21201		
1	12000				CERTIFI	CATE OF	DEATH			019	56
	EASED NAME	First		Midd [†] e		Lost		20 DATE O	F DEATH		2b HOUR
(Түре	pe ar print)	Leonar	rd	A.	1	Warnic	k		Manth 2 Day	5 Year	58
3 SEX			4. RACE			5 DATE OF B	HTRI		6 AGE (In years	F JHDER YEAR	IF UNDER 24 HRS
	Male		Wł	nite		3/3	1/188	9	last bighday) YRS	MONTHS DAYS	Hours Mil
7a. B	RTHPLACE (State	ar fareign	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D 🔀 NEVER MA	RRIED [9. COUNTY OF	DEATH		
caunt	^{m)} Mary	land	U.S.	Α.	WIDOWE		RCED 🗍		Alle	gany	1
10. CI	TY OR TOWN OF	DEATH		AME OF HOSPITAL OR IN	STITUTION (I	nat in haspital			Kind of work dane		F BUSINESS OR
E	Barton	"Rural	If give	street address)					ed Miner	INDUSTRY	
		(Where decease		tran Residence befare	13c CITY	OR TOWN	13d. INSIDE CITY L		TREET AND NUMBER		
admis	sian) STATE]	Vid .	13b. COUNTY	llegany	Bart	on "R"	YES N	°			
14. F/	ATHER'S NAME	First	Middle	Last		15. MOTHER'S M	AIDEN NAME I	First	Middle		Last
	H	enry		Warni	ck			Mary		Daws	on
		VER IN U.S ARME	D FORCES? rordates of service}	16b SOCIAL SECURITY	NO. 17	. INFORMANT			Address		
16	is, no ar unknaw	U) fir sez dise wo	or arries or stearth.		М	rs.Lol	a War	nick	Barton		
	IB. CAUSE OF I	DEATH (Enter only	r ane cause per J	ae far (a), (b), and (c)) ~ 11	Wife"	_	_			ONSET AND DEATH
П		ATH WAS CAUSED		ecute	(1)	onar	4 (9)	cclu	sien		
	410	4	DUE TO, OR	AS A CONSEQUENCE OF		0	V. n.				
	Canditians, if ar		(b)	Corona	hus	Du	suffer	tien	C fel	yea	ns
	nse to immedi- stating the unc		DUE TO, OR	AS A CONSEQUENCE OF	- 1	$0 \rightarrow$	_	0	4	0	
	lant =	, , , , , ,	(in . a. alie	1100	10.1	0 . 1 05	- Nona	515	1101	111

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o)

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES 🗌 NO 🗌 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)

216 TIME OF INJURY HOUR A.M. P.M. Manth Day Year (AT HOME, FARM STREET FACTORY.) 21 LOCATION Street or RFD No. 21e. PLACE OF INJURY

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)

State County

21d INJURY OCCURRED While Nat while at wark

22a. 1 certify that (!) (this haspital) attended the deceased from 1968, and that in (m) (aur) apinian death accurred on the date and haur and from the saw the deceased almoon 30 1968, and that causes stated above (1) (we) (did) (did nat) view the bady after death.

DEGREE

ATTENDING PHYS

MED DIRECTOR

City or Town

22c. DATE SIGNED STAFF PHYS. 220. ADDRESS LONACONING

22d. PHYSICIAN'S NAME (Type)

23 a

22b SIGNATURE

23b DATE

2/8/1968

NAME OF CEMETERY OR CREMATORY Laurel ADDRESS H173

23d LOCATION (City or Town) Cemetry Moscow

(County)

(State) Md

BURIAL, (REMATION, REMOVAL (Specify) BUT 121 FUNERAL DIRECTOR

George Eichhorn

Lonaconing, Md.

250 REC'D BY REGISTRAR DATE FEB 13 DATE

REGISTRAR'S SIGNATURE 2Sb.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01000		(ERTIF	ICATE OF DEATH			40 1 -4	51
T DECEASED NAME First		Middle		Lost	20. D	DATE OF DEATH	V	2b HOUR
(Type or print) REGINA		E/		WEES	0	2 Manth 17 Do	68 Year	2:20
3. SEX	4. RACE			S DATE OF BIRTH		6 AGE (In years	IF UNDER EYEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
FEMALE	W	HITE		04-04-99		last birthday) 68 YRS.	MONTHS UATS	MOURS MIN
7a. BIRTHPLACE (State or foreign country)	76. CITIZEN OF WI	AT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9. COU	NTY OF DEATH		
AMALAND	US/	Δ	WIDOWE		ΔΙ	LEGANY		Md
O, CITY OR TOWN OF DEATH	11 N/	AME OF HOSPITAL OR INS	TITUTION (1		AL OCCU	PATION (Kind of work done	12b KIND OF	BUSINESS OR
CUMBERLAND	give s	SACRED HE	ART H	IOSPITAL during mo	ost of w	rorking life, even if retired).	INDUSTRY	OME
13c USUAL RESIDENCE (Where deced			13c CITY			13e. STREET AND NUMBER		0.12
odmission) STATE MD.	13b. COUNTY	ALLEGANY	C	UMBERLANDS NO		107 FORREST	DRIVE	
14. FATHER'S NAME First	Middle	Last		IS. MOTHER'S MAIDEN NAME F	ırst	Middle		Lost
ANTHONY		MIN	KE	MARGARET				HIPP
16a. WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY N	10. 17	7. INFORMANT		Address		
Yes no of unknown) (If yes give	war or dates of service)	209-01-9	014	HOSPITAL RECO	ORD			
18. CAUSE OF DEATH (Enter o	nly one couse per lin	ne for (a) (b), and (c))				APPROXII	MATE INTERVAL INSET AND DEATH
PART I. DEATH WAS CAUSI				IL DUDDE	NAI	L ULCER	-7 (
4 Hauth	(a)	AS A CONSEQUENCE OF						
Conditions, if any which gave) (1)	m 4,= 60	F. A	2,2,5			34	
rise to immediate cause (a), stating the underlying cause		AS A CONSEQUENCE OF		,			0	
lost. 547.0	(c)							
	3.7	TING TO DEATH BUT NO	DT RELATED	10 THE TERMINAL DISEASE ORC	ONDITIO	ON GIVEN IN PART 1(o)		
- CHRONIE	AVT	O Hamo	247	ic ANGI	77 14	2		
		ICH OPERATION WAS PE		20a. AUTOPSY?		206 IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
DIFIC				YES NO PA		CAUSES OF DEATH?		
			21c	HOW INJURY OCCURRED (Enter	noture	of injury in Port 1 ar Port 2,	Item 18.)	
OR CONTRIBUTING CAUSE OF OF		Month Day Yeor						
				LOCATION Street or R.F.D. No.	,	City or Town	County	State
While Not while at work		OFFICE BUHLDING, ETC.	/				,	
22a. I certify that (I) (t	nis hospital) atte	ended the decease	ed from			to	, that	(I) (we) lost
snw the deceased of	olive on		9	and that in (my) (aur) ani	nion d	leath occurred on the d	ate and hour	and from the
causes stated abov	e, (I) (we) (did)	(did not) view the	body afte	er deoth.				
22b. SIGNATURE	210.	,		EGREE PHYS M	IED.	STAFF C	DATE SIGNED	
رو		10	DE		IRECTOR	PHYS.		
22d. PHYSICIAN'S NAME (Type)	I. GLICK,	M D		22e. ADDRESS	ADLI	WOOD, CUMB.,	MD	
اهط								
23o. BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY	OR CREMATORY	230	LOCATION (City or Town)	(County)	(State)
puring -	120/68	w. rec	49	- muja	V DECIM	umberlier	CHOMPTHON	02

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely utilisatin by the full easy director, page 3 should be detached for use as the burial-transit permit. Then please remove corban appears. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal VR A15 (4) 30M REV. 1/68

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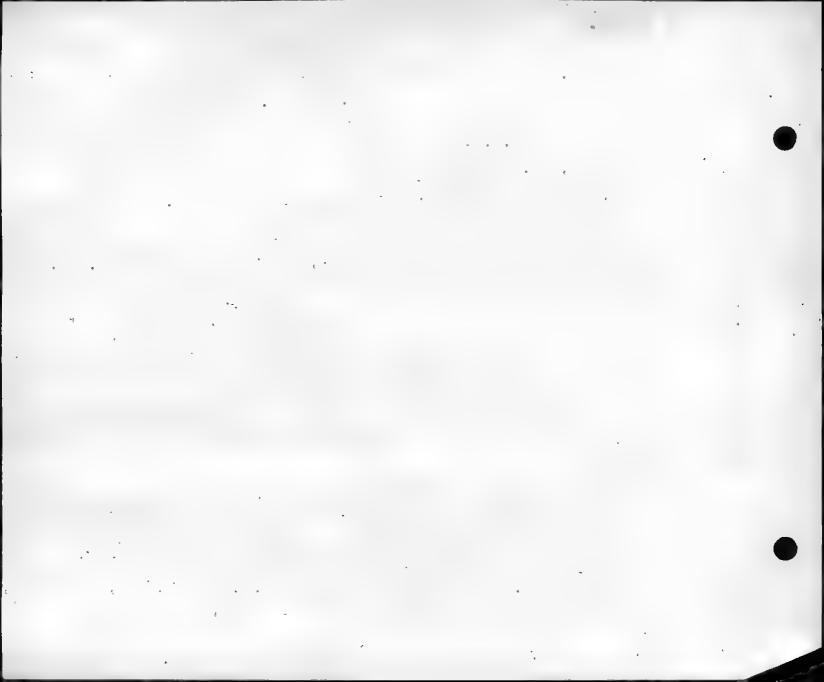
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH 01969 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 RTIFICATE OF DEATH 01958 1. DECEASED-NAME First Middle Lest 20. DATE OF DEATH 2b. HOUR A deoth (Type or print) RALPH FEBRUATE Y 29.1988 WILLIAMS 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years offer MARCH 27, 1896 MALE WHITE lest (birthday) buriot-transit permit. Then please remove corbon papers. Roc buriot, cremation, or removal, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED [X] NEVER MARRIED country) by the attending physician and completely filled in ransit permit. Then please remove corbon papers. **ALLEGANY** U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH CUMBERLAND, 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) DENTIST 130. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before odmission) STATEMARY LAND 13b. COUNTY ALL FORMY 13c. CITY OR TOWN 13d. INSIDE CITY ELMITS? 13e STREET AND NUMBER 38 N.LIBERTY 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Lost HARRY WILLIAME NELLIE WHITE 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address MEMORIAL HOSPITAL, CUMBERLAND, MD. Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per lipe to; (o), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove) buriol-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o' Page 4 may be retained by the hospital or attending hos been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🔽 this certificate ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy with the State Dept. of If either, notify medical examiner should be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a | certify that (1) (this hospital) attended the deceased from 1 = 1960, ta 2 = 1966, that (1) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: 226 SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN'S CENTRE NAME (Type) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



0.930 CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurers.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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<u>-</u> /		ECEASED-NAME	First	Middle	Last		DATE OF DEATH		2b. HOUR
deat	(1	(Ype or print)	LUCRETIA	ADELAIDE	WILLIAM	S	FEBRUARY	21 1958	5:45A
	3. SE	X	4 RACE		S DATE OF 8		6 AGE (n years	F UNDER 1 YEAR	F JNDER 24 HRS.
		FEMAI	F WH	ITE	2 - 2	7 XXXX1890	last birthday)	RS MONTHS DAYS	HD-URS MIN
ı	7a I	BIRTHPLACE (State or f			8 MARRIED X NEVER MA		NTY OF DEATH	K3 1	
П	cour	ALTIMORI	F MD 11	ISA		KKIEV			
ł		ITY OR TOWN OF DEA		NAME OF HOSPITAL OR INST	The state of the s	H	LLEGANY PATION (Kind of work do	ne 12b KIND OF	Md.
ı			l n	ive street address)	DIAL LICE		vorking life, even if retires	1 INDUSTRY	
		JMBERLANI		hitution Residence before				Own 1	lome
		ISSION) STATE	13h COUNT			13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	EAL AVE	MILE
I		MAI			'CUMBERLAN				
ı	14. 1		irst Middl		IS. MOTHERS M	NAME First	Middle		Lost
1			LETON B	LUBER		DURE		LUBE	K
1		(eszing) ar unknown)	IN U.S. ARMED FORCES? If it was give war or dates of service?	16b. SOCIAL SECURITY NO			Address		
1		e-II-O ar purcious,		<u></u>	MEMORI	AL HOSPI	TAL, CUVBE		
1		18. CAUSE OF DEAT	H (Enter only ane cause pe	er line for (a), (b), and (c).)	/2	7	10		NATE INTERVAL NSET AND DEATH
1		PART J. DEATH Y	WAS CAUSED BY IMMEDIATE CAUSE (a) _	CENTER	asller	Eligh	Ke Bergen	7	
		•		OR AS A CONSEQUENCE OF	13	1,2	-		, 4
		Conditions, if any, w	rhich gave)		office.	extit.	7 7	dun	whole
		nse to immediate of stating the underlyi		OR 45 A CONSEQUENCE OF			· . A /:	17	
1		last.	ing couse	Had 2/2	ertires o	Mouch	Herebra	114	7
1		PART 2 OTHER SIGN	IFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE OR CONDITION	ON GIVEN IN PART I(g)	7	
ı						-			
ı	MOIT	19g DATE OF OPERATE	ON 19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 200. AUTO	OPSY?	206 IF YES, WERE FINDING	SS CONSIDERED IN CE	RTIFYING
	CERTIFICATI	-	1	-	YES	NO 🔼	CAUSES OF DEATH?		
ı	CERT	21a ACCIDENT WAS	UNDERLYING 216 TIM	E OF INJURY			of injury in Port 3 or Port	2. Item 181	
	3	OR CONTRIBUTING					_	*	
1	MEDICAL	(If either, notify med 21d INJURY OCCURR		N 19 RY / AT HOME, FARM, STREET, FACTI	DRY. \ 21F LOCATION Stro	et ar PED Na	City or Town	County	State
1		While Not while at work	The react of moon	OFFICE BUILDING, ETC.	THE EDUCATION SHE	er di K.i D ild	3.7 6.7.0	1844	7/11
1				attended the decease	trom - 116	-5 10	to 2/7///1.	19 that	(1) (See) last
ı		saw the de	ceased alive an	2/20/5-19	ond that in (n	ny) (our) opinion (eoth occurred an the	dote and hour	and from the
ı		causes stat	ed above, (I) (we) (d	id) (did nat) yiew the b	ody after death.	/	- 1	*	1
1		226 SIGNALURY	7// 10	17	1/110)	NIC & MED	CTAFF 2	2c DATE SIGNED	10
ı		1/1//	6666	1.	PHYS	ING MED DIRECTOI	R D STAFF	2/27	184
ı	٠	72d. PHYSICIANS			270 AD			/ /	/
1		NAME (Type)	DR. R. J.	WILLIAMS	12	2 S. CEN	TRE ST., C	U'BERLA	ND, MD.
	23 o	BURIAL, CREMATION,	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d	10CATION (City or Town) umberland A	(Caunty) ,	(State)
		BsEWOAMP(SchealA)	Feb.23,1	968 Hiller	est Burial	Park Ci			
	24	FUNERAL DIRECTOR		ADDRESS		2Sa REC'D BY REGIS	STRAR 256 REGISTR	RS SIGNATURE JA	140.
		oames r.	Scarpelli,	Cumberland	, 1-d.	DATE FEB 2	7 1968 /	wares for	0



Romney, W. Va.

VR A15 (4) 30M REV 1/68



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Rages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

MINITAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01961

VI	DECEASED NAME First Middle (Type or print) GEORGE Arthur	Last	20. DATE OF DEATH	26. HOME
3,	3. SEX 4. RACE	S. DATE OF BIRTH		1968 5:3
70	MALE WHITE 70. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? COUNTY WHAT COUNTRY? COUNTY WHAT COUNTRY? COUNTY WHAT COUNTRY?	8-27-1887	9. COUNTY OF DEATH	Jan
	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTI	during m	ALLEGANY ALOCCUPATION (Kind of work done last of working life, even if retired.) And Butcher	126. KIND OF BUSINESS O INDUSTRY GROCEFU
13	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before		IMITS? 13e. STREET AND NUMBER	
1	14. FATHER'S NAME First Middle WOLFORD		First Middle	S CHLUNT
1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give year or datase of service) 214-05-79 (Address CUMBERLA	AND MD
	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT			
X	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20c. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
	GROWTH OF THE CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF THE CONTR	2)c. HOW INJURY OCCURRED (Ente	or nature of injury in Part 1 ar Part 2, Item	m 18.)
	While Not while at work at work			County Stat
	22a. I certify that (1) (this hospital) attended the deceased saw the deceased alive on 19 couses stoted above, (1) (we) (did) (a)d not) view the ba	fram 10-24 , 194 68, and that in (my) (our) ap dy ofter deoth.	inion death occurred an the dote	e and hour and from
			124T2 (13M	TE SIGNED 9-68
1	22d. PHYSICIAN'S NAME (Type) BRADDOCK MEDICAL GROU			CUMB. MD.
	DEMOVAL (Consider)	METERY OR CREMATORY Lutheran Cometer	23d. LOCATION (City or Town) Cumber Pand Affe EY REGISTRAR 25b. REGISTRAR'S SI	(County) (Stote)
18	24. FUNERAL DIRECTOR H. Wayne George, Cumberland	d, Md.	3 1 3 1968	Can Judge

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ASSERTING S	. 98		TINONIA			

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01962

1. DECEASED-NAME First Middle last 2g. DATE OF DEATH 2b. HOUR (Type or print) FEBRUARY LOUISE ZIMMERLA CLARA 1968 6. AGE (In years S. DATE OF BIRTH 4. RACE last bistbolay) HOURS 1-27-86 WHITE FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) ALLEGANY U.S.A. WIDOWED [DIVORCED F MARYLAND 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR give street address)
MEMORI during most of working life (MATATICE ATE INDUSTRY CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 134 INSIDE CITY EIMITS? admission) STATE 13b. COUNTY CUMBERLANTS 446 N. CENTRE ST. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last GORE JOHN MARY SCHLUND 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, anunknown) (If yes give war or dates of service) 211-30-9738B MEMORIAL HOSPITAL CUMBERLAND MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Lawren 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES -NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Port 2, Item 18.) 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Tawn While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 2-common sow the deceased alive an 2-21-63 19, and that in (my causes stated above, (1) (we) (did) (did not) view the bady after death. , 19 COR, to , 19 62 , that (1) (we) last 2-21 ___, and that in (my) (our) opinion death occurred on the date and have and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYSICIAN'S 22e ADDRESS 22d. NAME (Type CHMBERLAND, MD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Stote) REMOVAL (Specify) CUMBERTA NO ADDRESS 24. FUNERAL DIRECTOR 250. FEB 26 1968 H. LEE SILCOX LOL DECATUR ST. CUMBERLAND MD DATE

physician and completely filled in en please remave carban papers. requires that the death certificate be executed within 24 permit. burial-transit signed by as the be retained by the haspital ar attending has been OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar of EUNERAL DIRECTOR: After this certificate far be detached be filled director, shauld be

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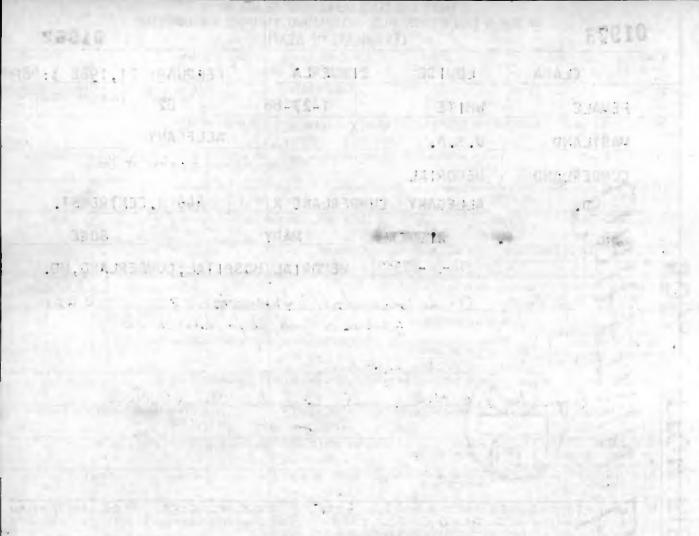
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e. r. jares, v.c. ______ ut y. texture to a service of